

New ways of working: How will they link with existing services?



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- Department of Health (2003) *Building on the Best: Choice, Responsiveness and Equity in the NHS*. DH, London
- Department of Health (2005) *Public Attitude to Self-Care Baseline Survey*. DH, London
- Department of Health (2006a) *Our Health, Our Care, Our Say: A New Direction for Community Services*. DH, London
- Department of Health (2006b) *Your Health, Your Care, Your Say – Research Report*. DH, London
- Department of Health (2008a) *Raising the Profile of Long-Term Conditions. A Compendium of Information*. DH, London
- Department of Health (2008b) *NHS Next Stage Review: Our Vision for Primary and Community Care*. DH, London
- Department of Health (2008c) *Framework for Managing Choice, Cooperation and Competition*. DH, London
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As we are all too aware, the NHS is changing and delivery of care is moving away from the traditional models that we have been familiar with for many years. There has been a progressive shift from secondary care clinics providing diabetes care; most individuals with non-complex needs are now being managed more locally by their primary care team for routine diabetes care, with support from community diabetes teams as required (Department of Health [DH], 2006a).

There has also been a greater emphasis on empowering people with long-term conditions (LTCs) to develop self-management skills. There are 15.4 million people living with LTCs in England (Office for National Statistics, 2006), and this is expected to rise to 18 million by 2025 (DH, 2008a). The financial burden to the NHS will be unmanageable unless much of the daily management of these conditions is undertaken by the individuals themselves. However, “one size does not fit all”, and so the traditional primary and secondary care services that are generally quite limited will not meet the needs of all individuals.

Improvements in care for people with LTCs involves aspects other than just managing illness. According to the DH (2008a), delivering improvements is also “about delivering personalised, responsive, holistic care in the full context of how people want to live their lives. Our journey to achieve this has started, our challenge is to continue to take it forward and the evidence compels us to do this”.

Views of people with LTCs

People with LTCs do want to be more involved with managing their condition. A DH survey in 2005 documented that some 82% of those with a LTC say that they already play an active role in their care, but want to do more self-care; more than 75% said that if they had guidance or support from a professional or peer, they would

feel more confident about taking care of their own health (DH, 2005). Of nearly 1000 participants at the National Citizen summit at the Your Health, Your Care, Your Say consultation, 80% people thought that their local GP practice should provide more support to help them take care of their health (DH, 2006b). Unfortunately, many people do not feel they are encouraged to self-care. More than 50% in the 2005 survey who had seen a care professional in the previous 6 months said that they had not often been encouraged to self-care (DH, 2005). If GP practices are not providing this support, who will?

With an increasing emphasis on value for money and using services that meet the specific needs of local populations, coupled with the concept of choice in health care (DH, 2003; 2008b), commissioners will also be considering alternative providers of diabetes care – including those from the private sector and other non-NHS providers, as well as the familiar primary, secondary and community diabetes services. Indeed, PCTs now have an obligation to consider alternative providers when commissioning services (DH, 2008c). These alternative providers should challenge conventional GP service delivery and encourage innovation to meet people’s changing healthcare needs (Confederation of British Industry, 2007).

Summary

These innovative, non-NHS providers will need to fit in with the rest of the traditional services that the person with diabetes comes into contact with, so that there is continuity of care without duplication or, more worryingly, omission of care. How will this be achieved? In the following article, I describe the development of a proactive NHS Direct care-manager support system called the Birmingham Own Health programme in the area that I work in, and how this links with existing services provided by GP practices and the community diabetes team. ■

