Maggie Watkinson
Editor

Chronic disease management is the new black!

Chronic disease management is now high on the Government's health agenda, and rightly so. As many of us will live with a chronic condition at some point in our lives they are, collectively, the biggest cost to the NHS, and they have a potentially huge impact on individuals.

There are various initiatives to address the issues of how chronic disease should be managed. One of these is the increased emphasis on self-care. For example, the information pack to assist primary care practitioners implement the National Service Frameworks (Department of Health, 2002) includes a leaflet on ways of improving self-care in chronic disease. Empowerment, medicines management and the Expert Patient Programme (www.expertpatients.nhs.uk) are all cited as ways of helping people manage their own condition more effectively. The results of these ideas are now beginning to be more apparent; most diabetes specialist nurses will probably have met an expert patient or been asked to contribute to a project on improving information for people with diabetes about oral hypoglycaemic agents, for example.

National Primary Care Collaborative developments

The National Primary Care Development Team has also been doing some work on chronic disease management. The National Primary Care Collaborative (NPCC) was launched in 2000 with the remit of helping primary care trusts (PCTs) and practices to systematically improve their services to meet the needs of patients. The initial topics that were focused on were improved access to primary care, improved care for people with coronary heart disease and improved access to routine secondary care services by developing the primary/secondary care interface.

Phase three of the NPCC is now in progress. Diabetes and chronic obstructive pulmonary disease (COPD) have been added to the portfolio of topics.

The four indicators for diabetes measured in the pilot project included the percentages of patients who achieved recommended cholesterol and blood pressure levels, maintained the recommended blood glucose level and who had recently received digital screening for retinopathy. The results were dramatic (National Primary Care Development Team, 2004) and showed improvement in all areas.

Project managers have now been, or are being, appointed to every PCT in the country, following the success of the pilot project. They will lead the rollout of the diabetes and COPD NPCC work. Initially, five practices from each PCT will be part of the rollout programme, although the plan is to spread involvement to at least 50% of practices within the first year of the project. The key diabetes-related aim for the first five practices is that 60% of all people with diabetes in the practice should have an HbA_{1c} of less than 7.4%. To ensure that developments are patient-centred and patients will be partners, each PCT will have user representatives on the improvement teams and patients will be encouraged to contribute to service developments in each practice.

Diabetes nurses will almost undoubtedly become involved in this project at some point in time, as one of the activities the project managers need to do is engage the local specialist team with a view to agreeing protocols for the referral of people with diabetes to specialist services. Diabetes nurses also have a history of advocating that individuals self-manage their diabetes where possible and have endeavoured to provide education appropriate to this end. They are supremely suited for the task of contributing to discussions about the nature of chronic conditions and self-management.

As more and more primary care-based initiatives related to the management of chronic disease are developed, it is probably worth diabetes nurses 'keeping an eye' on these to ensure that, where relevant, they can contribute effectively and also keep diabetes on the agenda. ■

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Department of Health (2002) *National Service Frameworks: A practical aid to implementation in primary care. Chronic disease management and self-care*. London, DoH.

National Primary Care Development Team (2004) *Dramatic changes in diabetes care set to change thousands of people's lives*. Press release, September 1st. www.npdt.org (accessed 16/9/04)