Strategy and implications of managing long-term illness

The most significant and alarming statistic is the change in the support ratio—the number of working aged people divided by the number of pensioners—which will fall from 3.3 to 2.6 over the same period (Bootle, 2005). This, coupled with the demise of the extended family and an increase in social mobility, should concern everyone involved in the delivery or planning of services for older people and those with long-term medical conditions.

Management of long-term conditions

As we all live longer, inevitably there will be a concomitant growth in the number of people living with chronic illnesses and many people live with more than one chronic condition. Chronic diseases by their nature are incurable, permanent, progressive and need long-term monitoring and treatment from health professionals. The increased prevalence of chronic disease has been described by Ogle et al (2000) as ‘the epidemic of the future’.

The government has become acutely aware of changing demographics and the resultant effect on the NHS. There has been a succession of documents to improve the lives of the 17.5 million people living with a long-term condition. This number will shortly be well over 20 million people, with fewer young people to care for them. A plethora of policies is being introduced to support this change (Box 1, p20).

Sadly, the glamour of emergency care still grabs the public and the political eye. Chronic diseases do not hit the headlines. Most western health systems are based on acute episodic care, set up to treat urgent need and cure people.

The World Health Organization (2002) states that ‘the acute care paradigm is no longer adequate for..."
the changing health problems in today’s world. We can no longer rely on a model based on acute care and patient-initiated consultations to effectively manage chronic diseases’.

Case management

There is much room for improvement in how care is organised for people with chronic illnesses. The NHS strategy has been based on the Kaiser Permanente population-based stratification (pyramid). A disproportionate number of people with chronic diseases occupy emergency hospital beds: five per cent – 250,000 people – account for 42 per cent of total bed usage, this being the tip of the pyramid. Case management now is seen as the solution, following the Evercare and Unique care pilot schemes in the NHS. The concept of case management, introduced from the US, is based on the premise of seeking out then appropriately managing the high utilisers of the service – in other words, those with complex health needs. The NHS Improvement Plan (DoH, 2004) describes a new clinical nursing role, a community matron to fulfil the role of case manager, and has set a target to employ 3,000 by 2007. Case management is an excellent concept and evidence shows it can be effective in reducing hospital admissions, but it is questionable whether the creation of a role solely for this function is necessarily the best and only way forward.

Implications for practice

The government has inevitably encouraged the development of case management because the public can see a ‘community matron’; they can no longer rely on a model based on acute care and patient-initiated consultations to effectively manage chronic diseases’. The NHS needs to concentrate on improving the skills of and educating nurses and allied health professionals, not rely on new roles. System reform has created new and exciting roles for many existing practitioners such as health care assistants, pharmacists and emergency care practitioners.

Although the government may only have recognised the importance of good chronic disease management relatively recently, it is not new to primary care. Quality can be improved and this is being addressed via changes in the general medical services quality outcomes framework.

The NHS needs to concentrate on improving the skills of and educating nurses and allied health professionals, not rely on new roles. System reform has created new and exciting roles for many existing practitioners such as health care assistants, pharmacists and emergency care practitioners.

Uncertainties regarding the future employment status of nurses within primary care trusts raised by Commissioning a Patient-Led NHS (DoH, 2005) will lead to difficulties with the retention of skilled nurses. It is necessary to look to the positive contribution nurses can and do make and to assure them that there will be a multitude of opportunities to provide excellence in chronic disease management, as the demand is certainly not going to diminish.

REFERENCES


This article has been double-blind peer-reviewed.

For related articles on this subject and links to relevant websites see www.nursingtimes.net

BOX 1. DOCUMENTS DRAWN UP TO IMPROVE THE LIVES OF PEOPLE WITH A LONG-TERM CONDITION

- The NHS Improvement Plan sees chronic disease management as a core priority over the next four years

- The public services agreement’s target is to reduce emergency bed days by five per cent from the baseline of 2003–2004 by 2008

- The National Service Framework for Long-Term Conditions stresses the importance of systematic care and follow-up

- The GMS contract emphasises good-quality management of chronic diseases

- Choosing Health, Making Healthy Choices Easier places a greater emphasis on public health and shifts from treatment of sick people to prevention of sickness and ill health