

**LONG TERM CONDITIONS SCRUTINY INVESTIGATION**  
**Report to Health and Wellbeing Scrutiny Committee, Sutton**

**1. Introduction**

This paper has been prepared to provide HWB Scrutiny Committee with additional information on the subject of Long Term Conditions, and services commissioned by Sutton and Merton PCT.

**2. Background**

The PCT has attended HWB Committee to provide evidence around long term conditions. In discussion, it has been decided to focus mainly on those which are neurological, rather than some of the other common illnesses such as diabetes, and respiratory diseases. It was also agreed that the scrutiny would not consider long term mental health conditions. However, it is recognised that some of the conclusions which the scrutiny will reach, may relate to these other conditions.

**2.1. What do we mean by a Long-term Neurological Condition?**

Neurological conditions are caused by damage to the brain, spinal cord and other parts of the nervous system. Some conditions are present at birth (congenital); some develop later in life; others are caused by illness or injury. Approximately 10 million people across the UK have a neurological condition. They account for 20% of acute hospital admissions and are the third most common reason for seeing a GP. There are many such conditions which affect people's daily lives in different ways and to different degrees. Some are relatively common (eg multiple sclerosis); others are rare (e.g. motor neurone disease).

Neurological conditions affect people of all ages, but this report concentrates on services for adults, as our Children's services are covered by strategies for disabled children and those with complex health needs – and comes within broader Children's Strategies dealt with by the Sutton Children and Young People's Partnership.


**2.2. Stroke services**

It should be noted, that as part of neurological long term conditions, a key condition is stroke. This is the topic of a current consultation exercise across London as part of Healthcare for London. It is also an important priority for the PCT locally. The programme of work expected from these initiatives focused on better treatment, rehabilitation and prevention – thereby minimising longer term effects of a stroke. A key strand of PCT work relates to rehabilitation in the community. Decisions on the London approach to stroke are expected in July 2009.

Also, from 2008, every local authority received a ring-fenced grant over three years to appoint a stroke care coordinator. The aim is to help survivors get access to the rehabilitation services they need to come to terms with disability and, if possible, return to work.

### 3. Issue 1: recognition of the idea of long term conditions as a means of organising services.

The PCT developed a revised Strategic Plan in 2008. In this plan, the PCT set out its vision. From the vision it can be seen that there is the aim of supporting people to manage their own health in the most appropriate and accessible way, and this is critical for the care of people with long term conditions.

<b>Our vision</b>	<b>Sutton and Merton</b>  <small>Primary Care Trust</small>
<p>Sutton and Merton PCT will improve the health and quality of life of its population through focusing on prevention of ill health and the commissioning of quality services that are clinically effective and provide value for money. People will be supported to manage their own health, and care will be provided in the most appropriate and accessible way. Sutton and Merton PCT will strive to reduce health inequalities, working with other public service and third sector partners.</p> <p>To achieve this vision, Sutton and Merton aims to improve substantially by 2013 on eight priority health needs:</p> <ul style="list-style-type: none"> <li>a. Stroke – speed of CT scans, and rehabilitation.</li> <li>b. Diabetes – prevalence, mortality and controlled blood pressure</li> <li>c. End-of-life care – palliative care and choice of place of death</li> <li>d. Mental health – access, patient experience, and appropriate care setting</li> <li>e. Cancer – screening</li> <li>f. Health Improvement with regard to smoking – quit rates and prevalence</li> <li>g. Coronary heart disease – controlled blood pressure and cholesterol</li> <li>h. Older people's health – focussing on falls</li> </ul> <p>In order to deliver this vision, Sutton and Merton aims to make major progress on delivering <i>Better Healthcare Closer to Home</i>. This will involve building a network of four Local Care Centres, doubling current capacity for the intermediate and post-acute care, and initiating a major redevelopment at St Helier Hospital to substantially reshape healthcare services for Sutton and Merton residents.</p>	

#### 3.1. In the investment programme

##### 3.1.1. Additional investment in 2008/9

An additional £470,000 was agreed last year for the development of the Neuro Rehabilitation team within the PCT's own community services. This investment is both to reduce waiting times for rehabilitation and move to Early Supported Discharge. The team provides stroke services as well as other neurological conditions. The scheme includes psychological input to the multi disciplinary team, although this service has yet to commence.

Each service specification within community contract includes quality and performance standards. Each of these includes:

- Service user experience, the need to undertake patient satisfaction questionnaires and the level of positivity of responses will be reviewed.
- A report on service user and carer feedback and engagement

Specifically for the neuro rehab team specification, there is a requirement for all appropriate patients to be referred for self help bibliotherapy resources

### 3.1.2. Additional investment in 2009/10

As part of the PCT's programme of working with GPs and Practice Based Commissioners there is a scheme to invest £500,000

This project has been set up to improve the overall management of long term conditions to ensure care is provided as close to home as possible and to reduce health inequalities.

It aims to use the 'combined model' ( DoH recommended risk stratification tool – reference 'Raising the Profile of LTC Care- A Compendium of Information DH Jan 08) for predictive risk assessment to target those most likely to require health care in the future, rather than the current model which focuses on those who have used health care services the most (ie those with the highest number of recent admissions).

The patients highlighted through use of the combined model will then be supported by health coaching including tele-health /tele-monitoring.

This project is expected to:

- Maximise the quality of life of the population through the provision of the earliest, most clinically and cost effective care provided in the least intrusive way
- Reduce health inequalities through preventing ill health thereby improving life expectancy and achieve greater health gain focused on deprived communities.
- Support implementation of the Better Healthcare Closer to Home Programme
- Support value for money through providing a more effective way of delivering care.

The project will commence in Merton GP practices initially, and extend to Sutton if successfully evaluated.

### 3.2. Reviewing areas for prioritisation

The Committee has asked for information about prioritisation.

PCT priorities are informed by the Joint Strategic Needs Assessment (JSNA) which is published on the PCT's website. The JSNA is seen as a resource which is constantly being updated with information about our population, and its health and social needs.

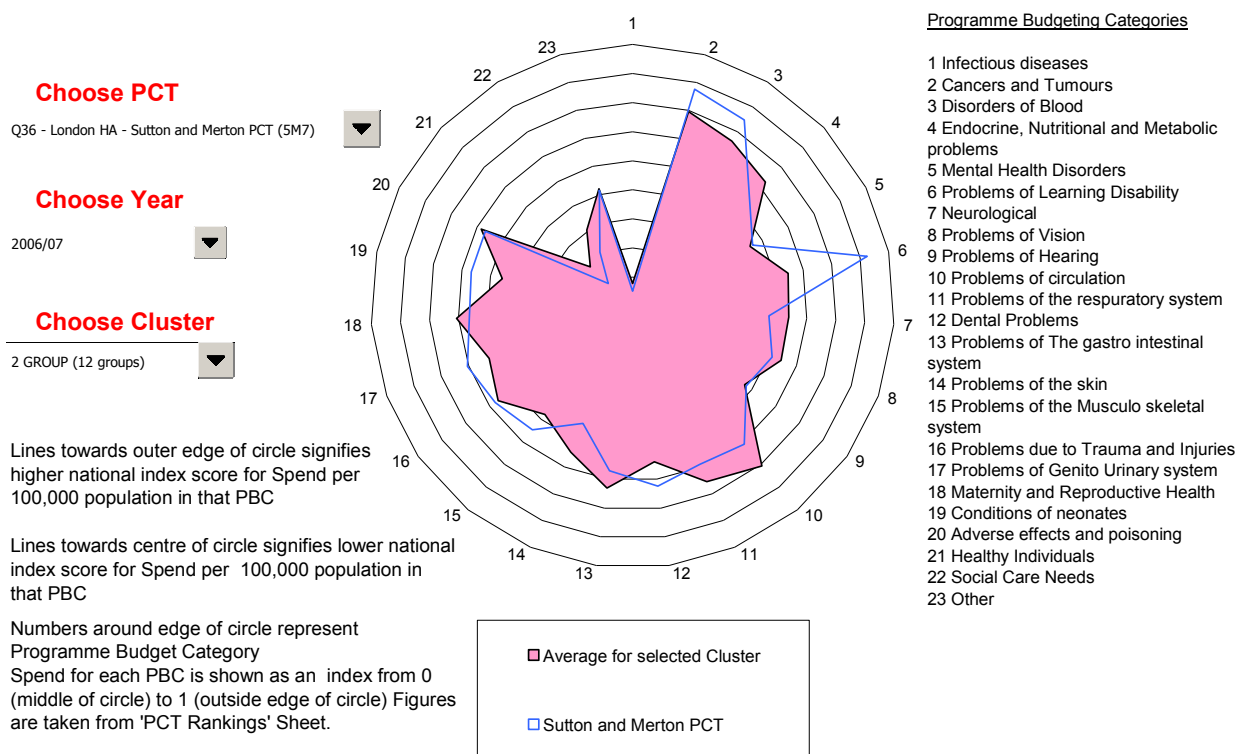
Other information used by the PCT to determine priorities includes:

- Benchmarking data – review of morbidity/ mortality data on key medical conditions, and relative performance for our population
- Benchmarking data – review of PCT spend on key medical conditions when compared with other PCTs
- Feedback from clinicians – PCT commissioners being alerted by GPs and Practice Based Commissioners of unmet needs which need to be addressed, or services which need improving (care pathway redesign)
- Feedback from patients and the public – engagement activities around our planning cycle which identify service areas needing attention and improvement
- National policy and targets – DoH issued targets and service improvement requirements.

In addition to assessment of need, and benchmarking, a key element of PCT prioritisation is information on evidence based outcomes. Increasingly, the PCT will wish to understand what clinical evidence exists on what is effective. Supporting this is evidence from National Institute for Health and Clinical Excellence (NICE).

The following shows the programme budgeting information for services which include spend on neurological conditions, from which it can be seen that for the period 2006/7 the PCT was not spending at the same level as comparable PCTs. The additional £500k being spent in 2008/9 will make a major difference in Sutton & Merton position, bringing it close to the average for the cluster, and slightly above London average.

It should be noted that this is crude indicator set, and is not corrected for detailed public health data, but is related to spend per capita.



### 3.3. Specialist services vs generalist

A key issue which needs to be considered is the way in which health services are delivered and commissioned. This is an important point in relation to neurological long term conditions. Patients will need a range of services from health providers, in some cases they may need the support and advice of specialist consultants working in secondary care, and specialist nurses (such as a Parkinson's Nurse – a project for investment which is currently being explored). At other times, these patients will require the more general support provided by GPs and their teams, and community nurses.

Prioritised investment in primary and community health care services, therefore benefits people with Long Term Conditions, although it is not easy to identify the proportion of investment that is being made.

## 4. Issue 2: Information provision

The topic of information provision to people with Long Term Conditions was discussed at the May meeting of the Sutton Professional Delivery Committee. At this meeting there was a discussion about the challenge to health care professionals about providing the right information to the right patient at the right time. The meeting discussed how patients had very different information needs, at different times during their illness. The recommendation of the Committee was that the PCT reviews the way in which it uses NHS Choices, its own website, and other information technologies to provide signposting for patients, and their families.

GPs comment that there is a limit to the number of leaflets which can be held in their surgeries, and there is a need to ensure that patients receive the most up-to-date literature. GPs would support a system where information was available electronically. Signposting on websites would also be able to direct patients to local, regional and national self help groups for their condition.

The meeting also noted that many GP surgeries have their own websites, and that this may also be a good location for signposting information for patients with long term conditions.

The meeting reflected on the role which the LBS Library service could undertake in providing support in this matter, through providing assistance to patients and families in accessing on line and printed literature.

It is understood that the HWB Scrutiny Committee is getting information from Epsom & St Helier Hospital about the leaflets which are issued by the specialist departments. It is at the specialist care stage in the pathway, that most information is sought by patients.

The PCT as commissioner can specify recommended information/ literature which should be made available to patients from secondary care, but would normally do this in discussion with secondary care clinicians, who have an indepth knowledge of their area. The PCT has not undertaken any recent audits on the information

supplied to patients, but will include this as part of the action plan that results from the HWB scrutiny.

#### **5. Issue 3: Access to allied healthcare professions**

As mentioned in the investment section, the PCT has invested in the community therapy team in 2008/9 which had the result of significantly reducing waiting times for services, and at £470,000 was a major investment scheme. This team provides services for stroke and neurological conditions. The specification for the service has included the provision of some specialist psychological support, and discussions are currently taking place how best to provide this.

In addition to psychological support to the multi disciplinary therapy team, the PCT is also investing £1m over 2008/9 – 2010/11 in talking therapies – new services to be running in autumn 2009. These services (also called IAPT – *Improving Access to Psychological Therapies*) will include a stepped model of provision, from low levels of support, to treatment regimes for those with significant mental ill health. IAPT services will be available to patients with long term conditions.

#### **6. Issue 4: facilitating mutual support networks**

The PCT introduced training for the expert patient programme in 2005, but this programme ceased when the central DoH programme ended. For 2009/10, the PCT has set aside a budget of £24,000 for the programme, and discussions are taking place on commissioning a training/ support organisation for this. In addition one of the Practice Based Commissioning Groups (Nelson) which has 25% of Sutton residents, has its own initiative and a Sutton course is being run in July for 12 individuals with chronic diseases.

With reference to work in the 3<sup>rd</sup> sector, the PCT is in discussion with the Parkinson's disease society about the employment of a specialist nurse. This will be pump primed from charitable funds. This has been ranked as a priority by the Sutton Horizon Practice Based Commissioning group. As part of the older people's mental health strategy, investment is being made into the Alzheimer's Disease society for information and advice support. In principle the PCT is supportive of working with the 3<sup>rd</sup> sector in this area, including where support mechanisms can meet both health and social care needs.

The PCT does not commission from service providers any support networks such as hospital based diabetes groups, or cancer support networks.

The Committee has asked about funding of services where medical services are provided at the same time as providing networking and mutual support opportunities; SMPCT does not have any investment in this area.

#### **7. Commissioning from the PCT's Provider arm**

The PCT has now got technical separation between the commissioning arm and the community services provider arm. This took place on 1<sup>st</sup> April 2009. For 2009/10, the PCT as commissioner has a service level agreement (SLA) with the provider services. This SLA sets out the services which are expected to be

delivered. There are no changes which impact on the community provision for people with long term conditions other than the improvement in the investments mentioned in 3.1.

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