2. Enhancing quality of life for people with long-term conditions

2.1 We want to empower and support the increasing number of people living with long-term conditions. One in three people are living with at least one chronic condition, such as hypertension, diabetes or depression. By 2018 nearly three million people, mainly older people, will have three or more conditions all at once.

2.2 Too many people with ongoing health problems are treated as a collection of symptoms not a person. Simple things like getting a repeat prescription or making an appointment need to be much easier. People should expect the right support to help them manage their long-term conditions so that they do not end up in hospital needlessly or find that they can no longer work because of mental or physical illness. We need the NHS to do much better for people with long-term conditions or disabilities in the future. To stay relevant to our changing needs, different parts of the NHS have to work more effectively with each other and with other organisations, such as social services, to drive joined-up care.

2.3 To address these challenges, the NHS Commissioning Board’s objective is to make measurable progress towards making the NHS among the best in Europe at supporting people with ongoing health problems to live healthily and independently, with much better control over the care they receive.

2.4 By 2013, the new 111 phoneline will be up and running for non-emergency care. By March 2015, we expect the Board to have made particular progress in four key areas: (i) involving people in their own care; (ii) the use of technology; (iii) better integration of services; and (iv) the diagnosis, treatment and care of those with dementia.

2.5 The NHS Commissioning Board’s objective is to ensure the NHS becomes dramatically better at involving patients and their carers, and empowering them to manage and make decisions about their own care and treatment. For all the hours that most people spend with a doctor or nurse, they spend thousands more looking after themselves or a loved one. Achieving this objective would mean that by 2015:

- far more people will have developed the knowledge, skills and confidence to manage their own health, so they can live their lives to the full;
- everyone with long-term conditions, including people with mental health problems, will be offered a personalised care plan that reflects their preferences and agreed decisions;
• patients who could benefit will have the option to hold their own personal health budget, subject to the evaluation of the pilot programme, as a way to have even more control over their care;

• the five million carers looking after friends and family members will routinely have access to information and advice about the support available – including respite care.

2.6 In a digital age, it is crucial that the NHS not only operates at the limits of medical science, but also increasingly at the forefront of new technologies. The Board’s **objective** is to achieve a significant increase in the use of technology to help people manage their health and care. In particular, the Government expects that by March 2015:

• everyone who wishes will be able to get online access to their own health records held by their GP. The Board should promote the implementation of electronic records in all health and care settings and should work with relevant organisations to set national information standards to support integration;

• clear plans will be in place to enable secure linking of these electronic health and care records wherever they are held, so there is as complete a record as possible of the care someone receives;

• clear plans will be in place for those records to be able to follow individuals, with their consent, to any part of the NHS or social care system;

• everyone will be able to book GP appointments and order repeat prescriptions online;

• everyone will be able to have secure electronic communication with their GP practice, with the option of e-consultations becoming much more widely available;

• significant progress will be made towards three million people with long-term conditions being able to benefit from telehealth and telecare by 2017; supporting them to manage and monitor their condition at home, and reducing the need for avoidable visits to their GP practice and hospital.

2.7 As a leader of the health system, the NHS Commissioning Board is uniquely placed to coordinate a major drive for better integration of care across different services, to enable local implementation at scale and with pace from April 2013.

2.8 The focus should be on what we are achieving for individuals rather than for organisations – in other words care which feels more joined-up to the users of services, with the aim of maintaining their health and wellbeing and preventing their
condition deteriorating, so far as is possible. We want to see improvements in the way that care:

- is coordinated around the needs, convenience and choices of patients, their carers and families – rather than the interests of organisations that provide care;
- centres on the person as a whole, rather than on specific conditions;
- ensures people experience smooth transitions between care settings and organisations, including between primary and secondary care, mental and physical health services, children’s and adult services, and health and social care – thereby helping to reduce health inequalities;
- empowers service users so that they are better equipped to manage their own care, as far as they want and are able to.

2.9 In taking forward this objective, we are asking the Board to drive and coordinate engagement with local councils, CCGs and providers; and at national level, to work with the Department of Health, Monitor, Health Education England, Public Health England, and the Local Government Association, as well as other organisations that want to contribute. The challenge is to tackle practical barriers that stop services working together effectively, and for national organisations to provide help and expertise where this will be needed, rather than to design and impose a blueprint. Local commissioners have the vital role of stimulating the development of innovative integrated provision – for example, across primary, secondary and social care, or for frail elderly patients. In responding to the barriers revealed by their work, further national action will be needed in a number of areas, including: better measurement of user experience of seamless care; better use of technology to share information; open and fair procurement practice; and new models of contracting and pricing which reward value-based, integrated care that keeps people as healthy and independent as possible.

2.10 Dementia is the illness most feared by people in England over the age of 55, yet in the past it has not received the attention it needs. This has inspired the Prime Minister’s Challenge on Dementia, which was launched in March 2012. The Government’s goal is that the diagnosis, treatment and care of people with dementia in England should be among the best in Europe.

2.11 The objective for the NHS Commissioning Board is to make measurable progress towards achieving this by March 2015, in particular ensuring timely diagnosis and the best available treatment for everyone who needs it, including support for their carers. We want the Board to work with CCGs, driving significant improvements in diagnosis of dementia, and capturing this in a national ambition for diagnosis rates built up from local plans.
2.12 The NHS Commissioning Board will publish the expected level of diagnosis across the country through to March 2015. And because people with dementia, their carers and professionals rightly need to feel confident that a diagnosis of dementia will improve the lives of people with the disease, the Board should work with CCGs to support local proposals for making the best treatment available across the country.

### Enhancing quality of life for people with long-term conditions: Key areas where progress will be expected

*(Part two of the NHS Outcomes Framework)*

<table>
<thead>
<tr>
<th>Overarching indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Health related quality of life for people with long-term conditions</td>
</tr>
</tbody>
</table>

#### Improvement areas

- **Ensuring people feel supported to manage their condition**
  - 2.1 Proportion of people feeling supported to manage their condition

- **Improving functional ability in people with long-term conditions**
  - 2.2 Employment of people with long-term conditions

- **Reducing time spent hospital by people with long-term conditions**
  - 2.3.i Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)
    *Chronic ambulatory care sensitive conditions are those where the right treatment and support in the community can help prevent people needing to be admitted to hospital.*
  - 2.3.ii Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s

- **Enhancing quality of life for carers**
  - 2.4 Health-related quality of life for carers

- **Enhancing quality of life for people with mental illness**
  - 2.5 Employment of people with mental illness

- **Enhancing quality of life for people with dementia**
  - 2.6.i Estimated diagnosis rate for people with dementia
  - 2.6.ii A measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life