

Long Term Conditions(LTCs) – Quality, Innovation, Productivity & Prevention (QIPP) Workstream in the NHS



Manchester Alliance for Community Care

‘There are around 15 million people living with a long term condition in England. These people are the main drivers of cost and activity in the NHS as they account for around 70% of overall health and care spend.’

The workstream seeks to improve clinical outcomes and experience for patients with long term conditions. The workstream will focus on improving the quality and productivity of services for these patients and their carers so they can access higher quality, local comprehensive community and primary care.

For further information on the DH QIPP Workstream, visit:

www.dh.gov.uk/en/Healthcare/Qualityandproductivity/QIPPworkstreams/DH_115448.

The VCS needs to be fully engaged with the QIPP because of the contribution the Sector has to make to the programme. We provide a wealth of expertise, experience, information and support services which are traditionally delivered in a person-centred, holistic way.

The sector is also involved in improving access to community provision and identifying with local communities where resources should be targeted.

What the Sector has to offer:

- Support to people and their carers
- Improved access to services and support (information, advocacy, brokerage and advice, as well as peer support and supporting self management)
- Training and practice development
- Gathering, representing and responding to the views of people who live with LTCs
- Influencing Policy and Practice
- Support integration of Wellness services into the Programme

Without the contribution of the VCS, costs to public services, particularly health and social care, would be far higher. The Sector must be included as a strategic partner at the national and local levels in the Programme of work, if people are to be referred to our services and support.

The model of care for LTCs being developed through the Programme is based on three key principles:

Risk profiling – to ensure that commissioners understand the needs of their communities and manage those at risk.

Neighbourhood care teams – The creation of integrated health and social care teams based around a locality to provide joined up and personalised services. These generic teams will pull in specialist services when necessary, but treat a patient holistically, regardless of their condition(s).

Self-Care / Shared Decision Making – There needs to be a systematic transfer of knowledge and power to patients to empower patients to maximise self-management and choice.

No surprises in the key principles above, but taking action on them could improve people's health and wellbeing and therefore improve their quality of life.

As discussed at the VCS Health and Wellbeing Forum, we need to ensure that information about the valuable contribution the Sector has to make is known to commissioners. We also need to improve the sustainability of the Sector by creating systems for longer term funding and use our experience and expertise to ensure that the voice of people with Long Term Conditions drives the work of the Programme.

Our engagement with the Programme was discussed at the last VCS Health and Wellbeing Forum meeting which was held on Wednesday 7 December. For further details about what was discussed, please contact Mary Duncan on 0161 834 9823 or email: mary@macc.org.uk.