UNSW research centre for primary health care and equity

Chronic disease management in the UK

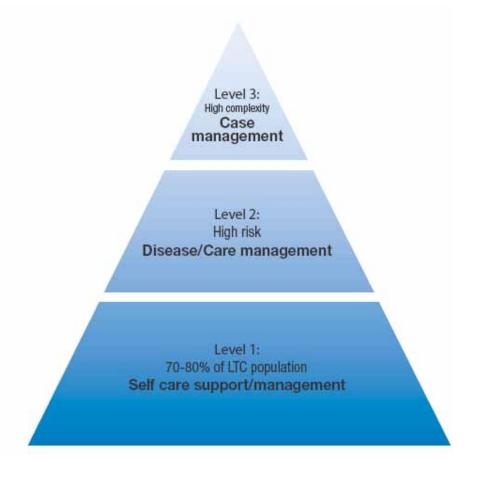
APHCRI 7 Travel Fellowship

Dr Sarah Dennis Senior Research Fellow

This fellowship was funded by the Australian Primary Health Care Research Institute, which is supported by the Commonwealth Department of Health and Ageing

NHS and Social Care Model

- Health and social care
- Systematic and integrated care
- Multidisciplinary team care
- Primary care
- Prevent hospital admission





Chronic Care Model

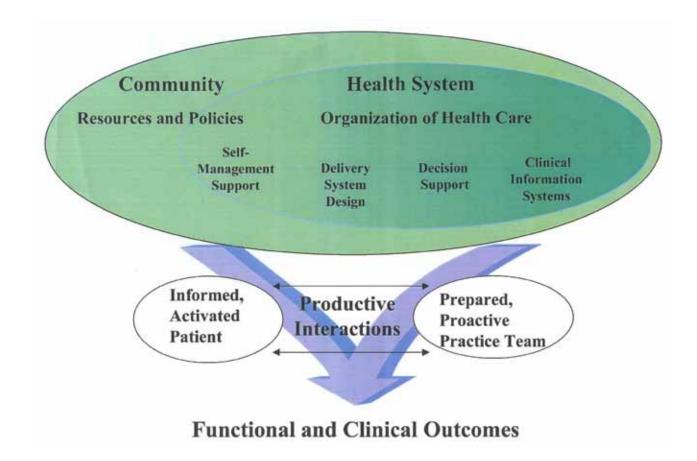


Figure from Wagner EH. Chronic Disease Management: What will it take to improve care for chronic illness. Effective Clinical Practice 1998;1:2-4.



Multidisciplinary Team Care

- 2006/7 GP workload survey (UK)
 - Average practice size
 - 4.7 GP, 5.2 other clinical staff
 - Patient contacts
 - 60% GP
 - 40% other staff (~28% practice nurse)
- Role of PCTs
- Partners in Health Centres
- Embed in primary care
- Avoid duplication



Self-management support

Expert Patients Programme (EPP)

- EPP improved self-efficacy and QoL
- Delivered by PCT
- Need to embed in general practice
- Need to reach disadvantaged people
- Engage clinicians and patients in shared care
- Consistent information / education



Decision support/clinical information

- Quality and Outcomes Framework
 - Benchmarks for GPs
 - Payments to GPs increased
 - Nurses important
 - Focus on process outcomes (box ticking)

Benchmarks should be piloted as may not lead to improved patient outcomes

Review of indicators

Practice data / risk tools (PCT)



Implications for Australia

- Engage primary care especially GPs in self management
- Facilitate team care
 - Within practice
 - Between practice and other health services
- Health professional education
- Consistent information
- High quality practice level data



Further information

Multidisciplinary Team-Link and Teamwork Studies

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Systematic review of chronic disease management

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