10 QUICK WINS

To support Long-term Conditions NSF implementation

Care Services Improvement Partnership CSIP

Adult social services
1, 2, 10

Expert patient programme commissioners and providers
4, 10

Health practitioners
2, 3, 10

Health providers, including clinicians and professionals
2, 4, 5, 7, 10

PCT
1, 10

Service users
4, 10

SHA
1, 10

Voluntary sector
2, 4, 10

1. Designate a lead for the long-term conditions NSF in the PCT, SHA and social services

Benefits:

- Direct and drive local implementation of the NSF for long-term conditions
- Help health organisations achieve National Standards, Local Action developmental standard D2; improve social services performance as assessed

2. Establish a local implementation group

Benefits:

- Help health organisations achieve National Standards, Local Action developmental standard D2 through delivery of the NSF for long-term conditions (www.dh.gov.uk/longtermnsf); improve social services performance as assessed against the Commission for Social Care Inspection's (CSCI) performance assessment framework
- Inform health and social care commissioning strategy
- Promote service design and redesign and local pathway development

3. Provide appropriate information and advice for service users

Benefits:

- Deliver self-care and choice agendas
- Deliver Public Services Agreement (PSA) target: improving the patient and user experience

4. Develop local provision of self care and self management for people with long-term neurological conditions

Benefits:

- Deliver the self-care agenda
- Reduce demand on GPs, community services and secondary care
- Reduce need for crisis management
- Empower service users to be actively involved in person-centred care e.g. integrated assessment and care planning
- Improve outcomes and health-related quality of life at no increased cost

5. Use a single or integrated assessment process

Benefits:

- Deliver PSA target: to improve health outcomes for people with long-term conditions by offering a care plan for vulnerable people

6. Appoint practitioners with specialist expertise in neurological conditions

Benefits:

- Improve patient experience and standards of care
- Comply with NICE Clinical Guidelines for epilepsy, multiple sclerosis (MS) and Parkinson's disease (PD) http://www.nice.org.uk/guidance
- Deliver 18 week referral to treatment time for some neurological conditions
- Streamline access, whilst safeguarding appropriate level and frequency of contact to make sure needs are identified and dealt with effectively
- Save up to £64,000 per specialist nurse post from reduced hospital admissions and stays, number of neurology out-patient follow-ups in secondary care and GP consultations, and prescribed medication costs

7. Implement the 18 week referral to treatment pathways for neurological conditions

Benefits:

- Meet the 18 week maximum wait target from GP referral to treatment for people presenting with neurological symptoms

8. Establish multi-agency health and social services' community rehabilitation and support

Benefits:

- Deliver PSA targets: care planning and reduced emergency bed days
- Deliver Our health, our care, our say target of multi-agency teams
- Better use of skilled expertise
- Improve service users' and carers' experience of independence, employment, physical and psychological wellbeing
- Clear funding streams resulting in greater efficiency and responsiveness
- Average savings of £20,000 per year in care costs for people with cognitive and behavioural problems due to acquired brain injury

9. Improve quality in specialised home care and community services

Benefits:

- Appropriate care is likely to reduce health complications, which often result in hospital admission

10. Use the CSIP NSF website

Benefits:

- Establish a community of interest for the NSF for long term conditions
- Provide a virtual network for commissioners and providers to share emerging good practice
- Use the NSF implementation self-assessment tool

Social care commissioners
8, 9, 10

Social care providers
4, 5, 10

PCT commissioners, including PBC consortia
2, 4, 6, 10

Health commissioners
6, 7, 8, 9, 10

Agency personal care staff
9

Social care practitioners
3, 10

Community healthcare staff
9

service user people with long-term neurological conditions

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