

Chronic disease management

Looking after people with
long term conditions
in General Practice

In trios ...

Think of all the long term
conditions GPs are involved in
managing

Chronic diseases to be managed?

- **Cardiovascular** - IHD, HT, heart failure, AF, peripheral vascular disease
- **Respiratory** - asthma, COPD, cystic fibrosis
- **Endocrine** - DM, hypothyroidism
- **Renal** - CKD
- **MSK,rheum** - chronic LBP, OA, RA, gout, PMR, SLE (etc)
- **Neuro** - epilepsy, MS, MND, Parkinson's, stroke/CVD, dementia
- **GI** - dyspepsia, peptic ulcer disease, IBS, inflammatory bowel disease, coeliac disease

That's not all ...

- **Gynae** - endometriosis, PID, continence problems
- **Skin** - eczema, psoriasis, acne
- **Ophth** - glaucoma, ARMD
- **Psych** - depression, schizophrenia, bipolar disorder, personality disorders, substance abuse
- **Other** - chronic fatigue syndrome, chronic pain conditions, head injury, spinal injury

How do we find out what to do?

- NICE guidelines
- National Service Frameworks
- QOF
- Practice protocols

In trios ...

What do we need to do in a consultation when the diagnosis has been made?

At diagnosis ...

- Break bad news
- Find out what patient knows about disease
- Give information (*appropriate for individual and not necessarily all at once*)
 - What to expect
 - Principles of management
 - What patient can do to help self
 - Sources of information
 - Sources of support/help
- Consider family/carers

In trios ...

And what needs to be done at
regular review consultations?
(think holistically)

Regular reviews - the condition

■ The **disease**

- Check patient's understanding
- Monitor disease progress

■ The **treatment**

- Check patient's understanding
- Monitor
 - ❖ Adherence (formerly compliance, concordance)
 - ❖ Effectiveness
 - ❖ Side effects (symptoms)
 - ❖ Adverse effects (tests)

■ **Secondary prevention**

- Check patient's understanding
- Assess/monitor/treat risk factors

Regular reviews - the patient

- Effects on **feelings** - sick role, self esteem, stigma
- Effects on **life**
 - Relationships: dependency, sex, parenting
 - Work: early retirement?, change job?, modify workplace?
 - Finance: income, pension, Benefits
 - Other activities e g hobbies, holidays
 - Housing: adaptations needed
 - Mobility: walking, driving
- Effect on **family/carers**

So who does all this?

- Varies between practices
- Usually, practice nurses do most of the work for conditions in QOF
- District nurses' role important for elderly and housebound
- GP may be main person responsible for the others
- But many other people can be involved



Who else?

Who else?

- Specialist teams: consultant, specialist nurses, GPwSIs
- Other health professionals: optician, physio, podiatrist, OT, dietician
- Mental health professionals: CPNs, counsellors, psychologists, Assertive Outreach
- Social Services, Home Care
- Pharmacist
- Voluntary agencies: self help groups, disease groups, Benefits advisors
- Occupational Health Dept at workplace

How well do we do this work?

- We often **respond to QOF alerts** on computer during a consultation about something else - QOF box ticked
- Lancet Aug 2008 (survey of 7367 practices): QOF improved delivery of CDM health care interventions in deprived populations (**gap between richest and poorest areas reduced** from 4% to 0.8%)
- BMJ Aug 08 (Steel et al, 8800 pts questionnaire survey): there **shortfalls in 'basic recommended care'** in most conditions, better for QOF ones and **worse for elderly**

Group work

- Think of a long term condition
- Perhaps have a particular patient in mind
- Apply the principles to the management of that condition