

# Review of managing long-term conditions in Scotland

Summary impact report (12 month)

## The report findings and recommendations

1. The Accounts Commission and the Auditor General for Scotland report *Managing long-term conditions* was published on 16 August 2007.
2. The report concluded that services for people with long-term conditions are improving but there is considerable progress to be made to provide cost-effective, community-based care. It contained nine recommendations aimed at helping to improve long-term conditions management in Scotland. Appendix 1 shows how recommendations relate to the areas of impact.

## Media interest

3. On publication, the report generated 28 media items in local radio, local, and national press and the British Medical Journal. Three months after publication there had been 1,907 downloads of the products (full report, key messages and podcast). A year after publication the full report had had 4,313 downloads, one of the highest number of downloads of any Audit Scotland report.

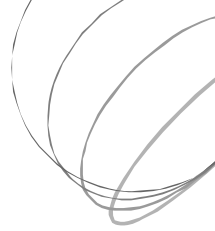
## Parliamentary scrutiny

### **Scottish Parliament committees**

4. The report was presented to the Scottish Parliament Audit Committee on 12 September 2007. Members noted the report and referred it to the Health and Sport Committee for information. The Health and Sport Committee did not take any specific action on the report but has looked at issues relating to long-term conditions.

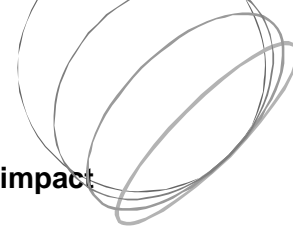
## Significant developments

5. The Scottish Government has published a number of documents and made a number of announcements relating to long-term conditions since the report was published, relating to funding and service provision. It published the Self Management Strategy for Long Term Conditions in Scotland (August 2008), launched the Long Term Conditions Collaborative (April 2008) to support the achievement of targets and outcome measures and published *Living and Dying Well: a national action plan for palliative and end of life care in Scotland* (October 2008). In February 2008, Scotland's patient experience programme, *Better Together*, was launched focusing on three areas including long-term conditions.

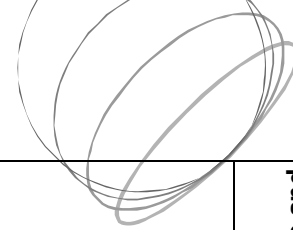


6. New national performance targets (HEAT targets) which are supported by the Long Term Conditions Collaborative were introduced in 2007, for implementation in 2008/09. The targets are to:
  - achieve agreed reductions in the rates of hospital admissions and bed days of patients with primary diagnosis of chronic obstructive pulmonary disease, asthma, diabetes or coronary heart disease by 2010/11
  - achieve improvement in the quality of the healthcare experience
  - increase the provision of care at home to a larger number of older people who require complex care.
  
7. NHS Quality Improvement Scotland is developing standards relating to long-term conditions.

Appendix 1 – Summary of report impact by Audit Scotland’s framework for measuring impact



HOLDING TO ACCOUNT AND HELPING TO IMPROVE	Assurance and accountability	Planning and management	Economy and efficiency	Quality and effectiveness
<b>General Impacts</b>				
Media interest generated by the report’s publication	●			
The Scottish Parliament Audit Committee agreed to note the AGS report “Managing long term conditions” and to refer it to the Health and Sport Committee for information.	●			
<b>Impact of report’s recommendations (where known)</b>				
The SEHD, NHS boards and local authorities should collect better information on activity, cost and quality of services for long-term conditions to support the development of community services.		●	●	●
The SEHD, NHS boards and local authorities should evaluate different ways of providing services to ensure cost-effectiveness and share good practice.		●	●	
NHS boards should take a more strategic role to ensure better working between CHPs and the acute sector to support the development and resourcing of community services.		●		
The SEHD and NHS boards should agree targets to support the development of community-based services.		●		●
The SEHD should consider providing guidance and support for NHS boards and councils so they can develop shared business plans for resource transfer to facilitate shifting the balance of care.		●		
The SEHD should prioritise work on developing systems to ensure that comprehensive information on patients is available to all professionals so they can assess and manage the total care package for each individual. A timescale should be set for this.		●		●



<b>HOLDING TO ACCOUNT AND HELPING TO IMPROVE</b>	<b>Assurance and accountability</b>	<b>Planning and management</b>	<b>Economy and efficiency</b>	<b>Quality and effectiveness</b>
NHS boards should link changing demographics and the impact of shifting the balance of care to workforce projections in their workforce plans.		●		
NHS boards and CHPs should ensure that all staff are aware and supportive of both national and local policies for shifting the balance of care.		●		●
NHS boards and local authorities, through CHPs, should ensure comprehensive information is given to patients about their condition, and the health and social care services available, at the time of diagnosis.		●		●