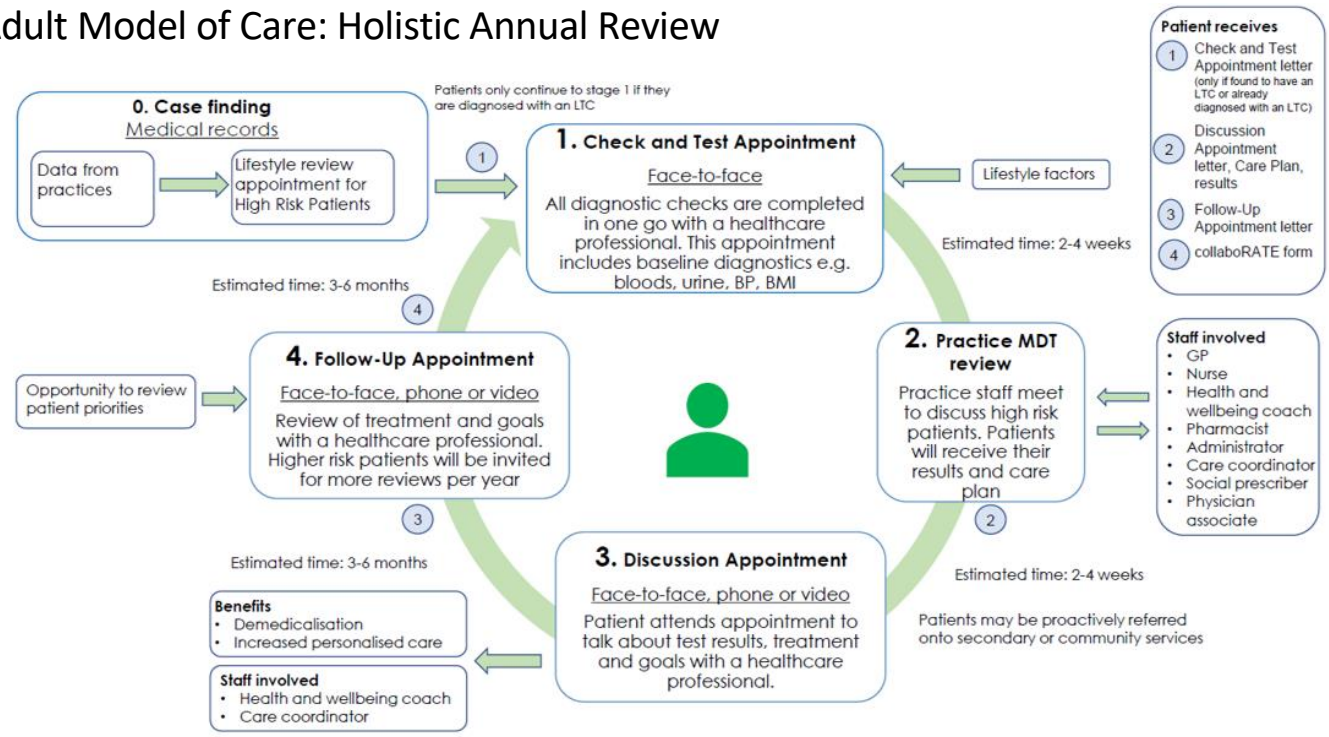
NCL LONG TERM CONDITION LOCALLY COMMISSIONED SERVICE

MODEL OF CARE: SIMPLIFIED PROCESS FOR PRACTICES

General Practice across North Central London (NCL) is being supported to adopt a new model of care for managing long term conditions (LTCs) through implementation of the new NCL LTC LCS. This document is intended to provide a quick overview of the Model of Care for practice staff to support the Practice Preparedness requirement of all practice staff being familiar with the model of care.

For further information about the Model of Care and additional guidance and tools to support implementation, please refer to the **NCL Training Hub website**.

Adult Model of Care: Holistic Annual Review



A multimorbidity, personalised approach will be applied, which allows all health conditions to be reviewed in one cycle. Current conditions included in the LCS are:

- CVD (i.e., IHD, Stroke, TIA, PAD and HF)
- Hypertension
- Hyperlipidaemia
- AF
- Diabetes (Type 1 and 2)
- NAFLD
- CKD
- Asthma (adults and childhood)
- COPD

Stage 0: Case Finding

- In addition to supporting patients with existing LTCs, an element of the service is to identify patients at high risk of developing a LTC.
- EMIS searches will be available to identify each case finding group.
- The HealtheIntent Case Finding Dashboard will also allow practices to identify patients who may be at risk of multiple LTCs to avoid duplication of work.

- Invitation to patient to attend for lifestyle appointment or NHS Health check.
- Follow-up text, letter, or phone call with normal results.
- Invitation to health check, discussion about medications, recording within LTC register, and appropriate management with abnormal results.

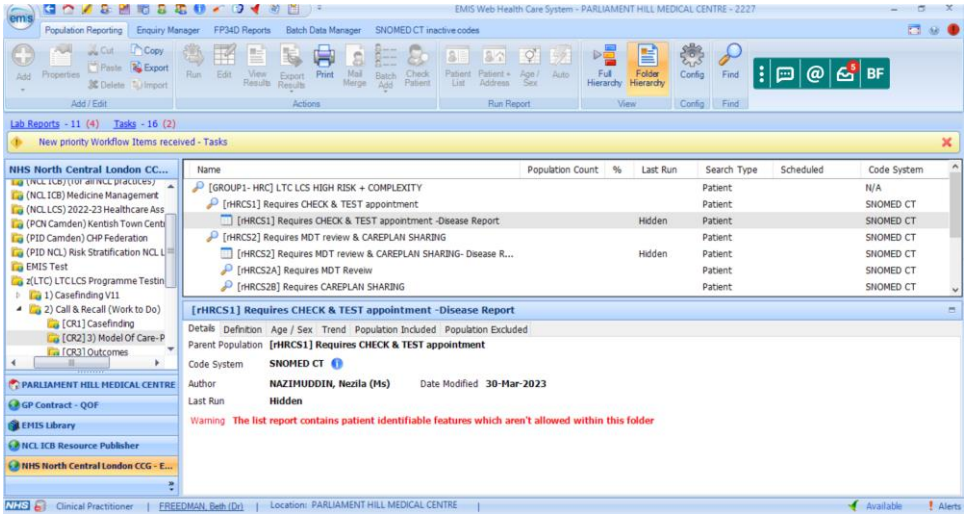
In-Scope conditions

- High risk of DM
- High risk of CVD
- Hypertensives and raised BP not coded
- AF
- At risk of CKD (i.e., low eGFR and no code of CKD)
- Children and young people with asthma (see separate CYP below)

	HbA1c	Chol	BMI	Smoking	Lifestyle Advice	BP	Pulse check	Other actions
Diabetes	✓	✓	✓	✓	✓	✓		Code as non-diabetic hyperglycaemia and refer to DPP
CVD	✓	✓	✓	✓	✓	✓	✓	Offer statins or NDPP if eligible
Hypertension						✓		Proceed to blood pressure diagnostics if raised
AF							✓	Search 1 – Code those with AF Search 2 – If pulse irregular, 12 lead ECG
CKD	• If suspected CKD, investigate as per NICE (U+E's, ACR, Urine dip for blood and exclude infection with MSU if positive, consider USS) and classify as per NICE and Stage 3-5 F/U as per NCL pathway. • If high risk patient, conduct desktop review and invite for annual interventions (U+E's, UACR, BP)							

Stage 1: Check and Test Appointment

- EMIS searches will identify patients for call/recall and prioritise them according to risk from coded data.
- The HealtheIntent Multimorbidity Dashboard will provide a single list of patients across the in-scope conditions.
- Standard letters will be available on EMIS to invite patients. Example SMS will be available.
- At the appointment, the model of care should be explained to the patient.
- Physiological data, blood tests, urine tests and data about lifestyle risk factors will be collected.
- Crib sheets will be available on the **NCL Training Hub website** to cross check all the tests a patient may need.
- Patients to be asked how they would like to receive results (e.g., letter, text, email) and how they prefer future appointments to take place (e.g., face to face, video, telephone, group consultation).
- It is important for practices to code if an interpreter is needed as this will inform future funding.
- Initial lifestyle support offered for those patients who are ready to consider this.



Stage 2: Practice MDT Review

In preparation for a discussion appointment with the patient:

<u>All patients are sent:</u>

- Test results.
- An invitation to a discussion appointment.
- An invitation to begin to consider their own priorities on a care planning form (Standard letters available to auto populate on EMIS).

<u>For high-risk patients only:</u>

- MDT team meeting to discuss management. A guidance document developed by ICB with specialist clinicians for desktop reviews is available.

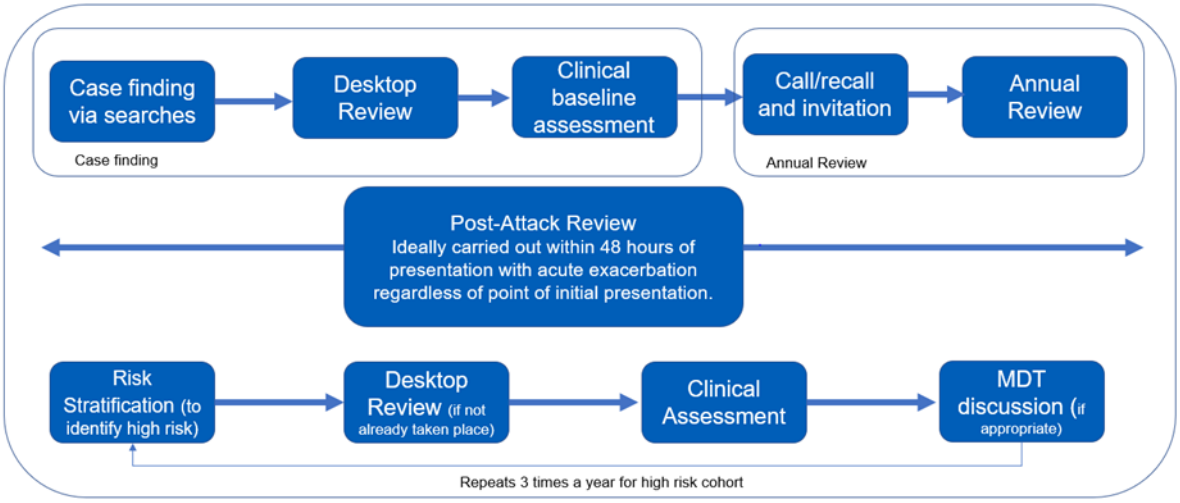
Stage 3: Discussion Appointment

- Ideally, will occur 2-4 weeks after Test and Check appointment.
- Holistic, patient focussed conversation to identify patient goals and create a personalised care plan. For low-risk patients this conversation can be delivered by non-medical staff.
- When goals have been identified and explored, a patient centred conversation about medically recommended interventions should take place. Practices may choose to incorporate or separate these two parts of the conversation.
- Agree with patient when they would like to schedule their follow-up appointment should happen at the end of the discussion appointment.

Stage 4: Follow-Up Appointment

- All patients are offered a follow-up appointment to review treatment and progress against agreed goals.
- The care plan and any medical interventions should be reviewed at these appointments.
- High risk patients should be offered up to 3 reviews per year. Medium and low risk patients should be offered up to 2 and 1 reviews per year respectively.

Following the review appointment, patients are asked to complete feedback through CollaboRATE which is available as a EMIS template.



Annual Review

- All asthmatic children and young people should have an asthma review at least once a year.
- This appointment should last at least 30 minutes and be carried by a clinician with at least Tier 2 level training as per the National Capability Framework for Children's Asthma. For more information regarding CYP Asthma training visit the **NCL Training Hub website**.
- This review will be supported using an EMIS template and should include:
  - Assessment of control
  - Related atopic conditions
  - Triggers and trigger avoidance
  - Smoking exposure
  - Air quality
  - Compliance/adherence/education on inhaler technique
  - Development of Child Asthma Action Plan

Post-Attack Review

- The post-attack review has two elements:
  - Review within 48 hours of presentation with an acute exacerbation regardless of setting of initial presentation to ensure attack is resolving.
  - Full asthma review to understand and address reasons for exacerbation – must be completed within 6 weeks.
- Initial triage which can be by telephone where appropriate to determine the most appropriate next steps. The template will give suggested RAG rating.
  - Red: The patient has deteriorated post discharge and is immediately referred to the Emergency Department.
  - Amber: The patient is not better or not improving and is invited to be seen in the GP practice.
  - Green: The patient has improved with no requirement to attend the GP practice

Case Finding

- EMIS Searches identify children and young persons who:
  - Prescribed any inhaler, oral prednisolone or Montelukast in last 12 months and no diagnosis of asthma.
  - Code of suspected asthma in the last 12 months and no diagnosis of asthma.
  - Age ≥6 years, code of viral induced wheeze in the last 12 months and no diagnosis of asthma.
- Tier 3 trained clinician performs desktop review and invites in for face to face if appropriate.

High-Risk Patients

- Identify and support those most at risk of severe asthma.
- Quarterly searches to identify those most at risk of future exacerbation.
- Desktop review by health professional with at least Tier 3 training.
- Identification of the issues leading to them appearing on the high-risk search (e.g., poor adherence, lack of parental health literacy, safeguarding concerns etc)
- Agreement of plan to address the identified issues either through primary care or wider MDT.
- Agreement of date to review progress against the plan.
- If all care processes not up to date, invite the CYP for a face-to-face appointment with a health professional with Tier 3 training.
- A safety net process should be in place to ensure attendance for review and approach escalated as required for 'Was Not Brought'.
- Those identified within the high-risk cohort should have a review every 3 months until such time as they drop out of the high-risk cohort searches.

Additional Information

To find out more about the LTC LCS or guidance on implementation of the LTC LCS, please visit **www.ncltraininghub.org/long-term-conditions**.