



National Service Framework for Long-term Conditions

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Lead Group: Practice
Country relevance: UK wide

Introduction

The *National service framework for long-term conditions* (DH 2005) (NSF LtC) is a 10 year strategy to improve care for people with long-term conditions. Although the framework is aimed primarily at clients with neurological conditions, it is also relevant for people with many other long-term conditions, such as coronary heart disease, cancer and diabetes. When published the framework was welcomed, since it addressed a somewhat neglected area of care and made many sensible recommendations, such as the need for client-centred care, self-management, 'joined up working' and the importance of health promotion in disease management.

Background

The NSF LtC focuses on adults with neurological conditions and the treatment, care and support that they receive from diagnosis to end of life care. It applies to health and social services in England, working with the local agencies involved in supporting people to live independently, such as housing and employment. It is primarily aimed at adult services.

Definition

The NSF LtC states that 'a 'long-term neurological condition' results from disease of, injury or damage to the body's nervous system (ie the brain, spinal cord and/or their peripheral nerve connections) which will affect the individual and their family in one way or another for the rest of their life.'

(DH 2005, p9, sec 16)

Categories

The framework groups long-term conditions into four broad categories:

- sudden onset conditions. These are those that would generally result from trauma such as spinal cord or acquired brain injury;
- intermittent and unpredictable conditions. This would include epilepsy and early stage multiple sclerosis;
- progressive conditions such as motor neurone disease, Parkinson's disease or later stage multiple sclerosis; and
- stable neurological conditions, but with changing needs due to development or ageing, including post-polio syndrome or cerebral palsy in adults.

NSF LtC quality requirements (QRs)

The NSF LtC presents 11 quality requirements (QRs) that are based upon evidence from services for people with neurological conditions. The quality requirements are listed below. Please refer to the original document for full definitions.



Quality Requirement (QR):

1. A person-centred service
2. Early recognition, prompt diagnosis and treatment
3. Emergency and acute management
4. Early and specialist rehabilitation
5. Community rehabilitation and support
6. Vocational rehabilitation
7. Providing equipment and accommodation
8. Providing personal care and support
9. Palliative care
10. Supporting family and carers
11. Caring for people with neurological conditions in hospital or other health and social care settings.

The QRs are often used in service audits and were recommended as areas for early implementation when the NSF LtC was first published.

Key topics

Reference is made to several key topics throughout the framework. These will be familiar to occupational therapists working with people with long-term conditions, since many of them are still on the national health and care agenda. The topics include National Institute for Health and Care Excellence (NICE) guidelines, rehabilitation, integrated care planning, personalisation, vocational assessment and rehabilitation, assistive technology, housing provision, high quality palliative care (where appropriate) and support for informal carers. Please refer to the original document for full information.

Evidence

This NSF LtC is built upon evidence of good practice. For this NSF the Department of Health developed a new typology to review the evidence. This separates judgements of research quality from descriptions of research design. It is described fully in Annex 2 of the NSF. The full list of evidence references is provided as Annex 3. This is a valuable resource to occupational therapists seeking an evidence base to elements of their practice.

Evaluations

National Audit Office: *Services for people with neurological conditions* (NAO 2011)

The key findings of this report are that progress in implementing the NSF LtC has been poor, that significant problems with current services remain, but that the recent changes in the organisation of health and care provide both 'opportunities and risks for neurological services' (NAO 2011, p9). Further, 'It is difficult to determine whether current spending on neurological health and social services represents value for money' (NAO 2011, p11).

The report makes several recommendations but assumes that these recommendations will be implemented in the Department of Health's planned *Long term conditions outcomes strategy* (unpublished). These include:

'The Department [of Health] needs to:

- make clear who is accountable for what in delivering the new strategy...



- define the different accountabilities between itself [DH], the NHS Commissioning Board and local commissioners; and
- establish, as part of its wider information strategy, clear baselines and common information standards to allow robust performance management of providers by local commissioners, of local commissioners by the NHS Commissioning Board and the Commissioning Board by the Department itself.' (NAO 2011, p11).

In the event, the *Long term conditions outcomes strategy* has not been published, and responsibility for long-term conditions has been transferred to the NHS Commissioning Board, (now NHS England). To date, no alternative strategy has been published.

The report also makes recommendations to address problems of:

- difficulty evaluating whether spending on neurological conditions represented value for money,
- people with neurological conditions receiving little information after diagnosis,
- fragmented and uncoordinated care,
- people with neurological conditions being admitted to hospital and not being cared for by professionals with neurological knowledge and experience,
- continuity of care.

Please refer to the original document for full information.

Long Term Neurological Conditions Research Initiative: *A life more ordinary* (Winchcombe 2012)

The objectives of this initiative were to provide a baseline against which to assess progress on NSF LtC objectives, to determine the extent of met and unmet need, and to evaluate the impact of new initiatives, including the NSF itself.

The main findings were:

Service provision

- Inconsistent nature of service provision, both in terms of location and with regard to specific conditions.
- Some aspects of service delivery appear satisfactory, for example, treatment and early intervention. Other aspects, including continuity and coordination of ongoing care, vocational rehabilitation and end of life care do not appear satisfactory.
- Limited joint working between health and social care, and between different parts of healthcare, due to incompatible information systems and poor communications.
- Community Inter-disciplinary Neurological Rehabilitation Teams (CINRTs) and nurse specialists have a crucial role to play in coordinating care.
- Access to specialist services such as occupational therapy appears satisfactory, although continuity is restricted due to time limits on intervention.

Service users' and carers' experiences

- Satisfaction with services was reported, though more with health than with social care. There was some confusion over who coordinates care, particularly, for example, during transition from children's to adults' services.
- The majority of people said that they did not have a personalised care plan or support to self manage.
- The crucial role of informal carers is generally not recognised, yet help from carers is needed, both for physical difficulties and for 'hidden impairments' such as cognitive difficulties.



Costs

- The highest costs were for hospital in-patient care.
- Social care budgets varied, depending on differing levels of support, equipment and technology.

Please refer to the original document for full information.

The Neurological Alliance and MHP Health Mandate: *Intelligent Outcomes*

(NA, MHP HM 2012)

This report highlights disappointing progress in the implementation of the NSF LtC. 'Past efforts to drive improvements to neurological services, notably in the shape of the 2005 *National Service Framework for Long-term Conditions* (NSF), were hampered by a lack of national monitoring, targets and ring-fenced funding. Recent reports from the National Audit Office (NAO) and Public Accounts Committee (PAC) have demonstrated that many of the problems faced by people with neurological conditions that were highlighted in 2005, such as delayed diagnosis and poor information provision, still persist. In addition, pockets of good practice in neurological services have failed to be replicated. Overall, the picture shown is that current spending on neurological health and social care services, estimated at £5.3billion in 2009/10, does not provide value for money.' (NA, MHP HM 2012, p7). The report also states that, 'It is very concerning that so few of the high level outcome measures identified in the NHS Outcomes Framework relate to neurological conditions.' (NA, MHP HM 2012, p3).

The report's recommendations included that a national neurological conditions outcomes strategy, together with a commissioning support pack should be developed; that key indicators and quality metrics should be developed and included in the NHS and Adult Social Care Outcomes Frameworks, and that equitable commissioning should be supported via the Strategic Clinical Network for Neurological Conditions (NA, MHP HM 2012, p5 and 6). Please refer to the report for the full list of conclusions and recommendations.

Conclusion

The publication of the NSF LtC was welcome for occupational therapists, since it endorsed principles of rehabilitation, independence, collaborative working and 'person-centred' care. It also addressed some key areas which had perhaps been neglected in the past, for example, co-ordinated provision of assistive technology and home adaptations, vocational rehabilitation and appropriate provision of palliative care. The NSF LtC also recognised the importance of qualitative evidence when measuring the effectiveness of interventions designed to improve quality of life. This gave occupational therapists a better chance of demonstrating their effectiveness, since evidence was not restricted to quantitative approaches.

Some parts of the NSF LtC have been used and implemented more than others. On the one hand, the quality requirements are often used as the basis for audit tools; services for clients with particular conditions can be measured against these. On the other hand, there seems to have been less take-up of the recommendations for the commissioning and delivery of services.

The NSF (LtC) needs to be read in the context of more recent policy developments. The most important of these is the *Health and Social Care Act 2012*, which has fundamentally changed the way in which health, public health and social care services are commissioned and delivered. Most reviews of implementation of the NSF LtC have been quite critical, and it will be interesting to see how the objectives of the original document will continue to be pursued.



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