

BACKGROUND

The prevalence and number of hospital admissions for chronic conditions has risen significantly over the last decade, they account for the majority of all premature deaths and up to 70% of all health expenditure. Despite this, most hospital and primary care services are designed in accordance with episodic and acute models of care. Chronic Care Management Programmes such as: Improving Care for People with Long Term Conditions (UK), Queensland Strategy for Chronic Disease (Australia) and Healthy Lives in Health communities (Canada) have shown benefit particularly in reducing avoidable admissions.

In New Zealand we can learn from experience of other countries to manage chronic conditions.

We aim to provide people with effective support and guidance to be able to have and make the right choices for themselves and their whanau/family.

Many chronic conditions have commonalities: cause, risk and protective factors. Interventions that target these factors, with a coordinated approach help prevent chronic diseases.

The framework and action plans acknowledge existing work and services, identifying key areas of joint focus over the next three years. However the action plans will contribute to the prevention of and improved outcomes for a whole range of long term conditions. A Strategy and Action Plan for Cancer are in place. Details are on the Website below.

IDENTIFIED PRIORITIES:

Diabetes and cardiovascular disease are major contributors to mortality and hospitalisations within C&CDHB.

These are identified as priorities:

- Mental health
- Cancer
- Respiratory
- Information about/tools for managing co-morbidity
- Resources to improve self/whanau management
- Community based support for all people living with long term conditions.

For each of these priority conditions, key actions to be achieved over 2007-10 will be outlined.

The Plans are not exclusive but identify areas where C&CDHB with other agencies, providers, consumer groups, families and communities aim, through collective effort, can make improvements in services, outcomes and reduce disparities.

The framework and action plans are available on the C&CDHB website.

<http://www.ccdhb.org.nz/Conferences/CCM/CCM.htm>

<http://www.moh.govt.nz/moh.nsf/indexmh/cancercontrol-strategyandactionplan>

EVIDENCE FROM THE ABOVE INITIATIVES DEMONSTRATES BY IMPROVING ACCESS AND QUALITY PROVISION IN PRIMARY CARE REDUCES RELIANCE ON SECONDARY CARE SERVICES, IMPROVES HEALTH OUTCOMES AND QUALITY OF LIFE (NHC, 2006)

Clinical Governance

A combined primary and secondary 'Clinical Governance Group', will guide the implementation of the chronic care management programme. This allows continuous quality improvement and accountability for quality of care. It is envisaged that the Clinical Governance Groups tasks will include ensuring that: patient needs are represented and

that community input is included, CCM principles are met, performance against set intermediate outcomes/indicators/targets are reviewed and advise on changes to policy and the 'Action Plans' as required.

A 'Workshop' to create the Combined Primary/Secondary Clinical Governance Group is scheduled for Feb 13th 2008.

If you have any questions about the content of this or you would like to contribute to this Newsletter please contact...

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