



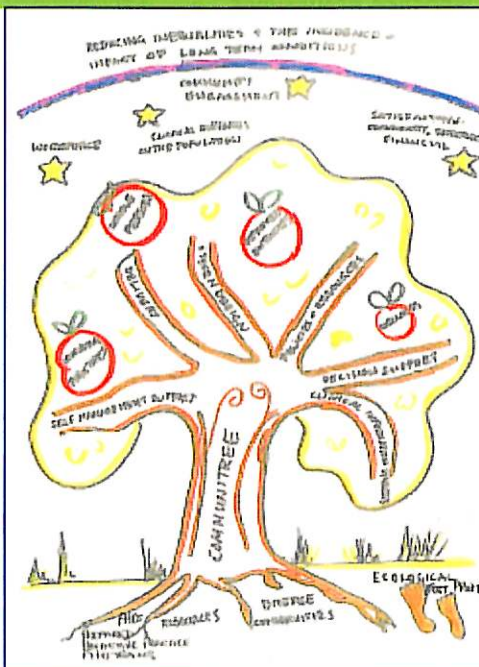
WELCOME READER TO THE SECOND LTC NEWSLETTER - A NEWSLETTER FOR EVERYONE

LONG TERM CONDITION (LTC) MANAGEMENT FRAMEWORK

WHAT'S BEEN HAPPENING SINCE THE LAST NEWSLETTER?

Following feedback from the draft documents the name of the framework has been changed from Chronic Care Management (CCM) to Long Term Conditions Management Framework (LTC) which is much more respectful to patients.

The power dynamic between these words is interesting. The word 'Chronic' is technically correct in the description of a life long condition but it has other connotations and is not helpful. It tends to take power away from the patients themselves, giving power to the clinician.



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Upcoming Event

Diabetes
Multi-disciplinary Forum
Monday August 18th
6.00—8.00pm
Wellington
School of Medicine

PROMOTING SELF MANAGEMENT

There is good evidence to show that people with long term conditions have better health outcomes if they feel understood, respected, empowered and able to share in the clinical decision making about their management. (NHC,2006).

Successful long term condition management programmes focus on providing extra resources and activities that enhance patient self management and monitoring, empowering the patient to take a lead role in managing their health. (WHO,2002).

This can have a profound effect on health outcomes, and can significantly improve quality of life and satisfaction.

A Request for Expressions of Interest (REOI) was recently sent out to invite interested parties to register their interest, by way of an expression of interest ('EOI') in providing self management support approaches for long term conditions.

The aim of this initiative is to work with people in ways that promote the skills of self-management and the ability to adapt treatment to their condition by improving their knowledge, skills and confidence, enabling them to take increasing control of their own condition and integrate effective self-management into their daily lives.

There were some interesting responses and a decision will be made shortly.

Support for other self-management resources and initiatives include for example:

- Diabetes child/youth including monitoring diaries, training for youths working at Evolve so they are better able to offer psychological support to their peers, an information giving School Booklet for parents and whanau of young people with diabetes
- Resources for people with Cardiovascular Disease

PRIMARY/SECONDARY CLINICAL INTERFACE GOVERNANCE GROUP

As you will be aware, it is important for C&CDHB to ensure that continuum of care, clinical excellence, quality improvement and accountability is in place right up to the Board.

As publicised in our last Newsletter, a Workshop was held in February to discuss the Scope and Purpose of this group. Membership has balanced representation from both primary and secondary care linking into the clinical governance structures in primary care, the HHS and the Quality Improvement Committee (QIC).

Membership includes: Chief Medical Officer, two HHS Clinical Directors, Director of Nursing HHS, Director of Primary Care Nursing and representation from Allied Health, Primary Health Organisation Advisory Group (PHOAG), Medical Assessment Planning Unit (MAPU), Pharmacy, Clinical Governance and the Care Coordination Centre (CCC). Others will be co-opted depending on specific issues. Members will be accountable to report back to those who they are representing.

Goals of the group include working jointly on issues that will make a difference to the patient journey to: ensure people get the best possible outcome by receiving the right treatment by the right person at the right time; improve clinical quality between primary and secondary care; and to promote seamless interface and collaboration.

Scope will include:

- a framework for audit;
- clinical service improvement;
- DHB wide sentinel event reporting/management process, putting in place standards to ensure it does not happen again and issues arising for e.g: medication safety
medication at discharge
areas with high readmission
interface issues (in HHS as well as primary care)

NB. Minutes from these meetings are available on the C&C DHB Webpage. <http://www.ccdhb.org.nz/initiatives/LTC/LTC.htm>

CARDIOVASCULAR DISEASE UPDATE

There is increased funding for the Heart Failure and Cardiac Rehabilitation Services.

Reports are due from Primary Health Organisations (PHOs) regarding their established Cardiovascular Risk Assessment capabilities. A summary will be included in the next Newsletter.

The Cardiac Specialist Nurses at the HHS are keen to work closer with primary care.

Different ways of doing this have been discussed. Some Workshops are being planned and offered soon, so watch out for the advertisement!

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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DIABETES MULTIDISCIPLINARY FORUM (SEE FRONT PAGE FOR ADVERTISEMENT)

There is a comprehensive range of services across the C&CDHB district, all working very hard within their own setting. Coordination across services is always something that can be improved and in C&CDHB DHB we believe we have the goodwill and working relationships to support really excellent clinical care.

This forum enables us all to gain a better understanding of each others roles, help us to find ways of addressing some of the issues that arise and discuss care across specialist areas for people with serious co-morbidities.

There have been excellent presentations' from vascular, renal, cardiology and ophthalmology

specialists, a GP giving the primary care perspective of managing people with diabetes in general practice; a diabetes nurse practitioner candidate- discussing referral criteria into the Specialist Secondary Service; Senior Lecturers from the Department of Primary Health Care and General Practice, Wellington School of Medicine on the Primary/Secondary Clinical Interface and a Patient/Whanau Self- Management Approach.

Presentations at the next meeting on August 18th include the Orthotist Service and a 'Case Study from an orthopaedic surgeon.

CME and Educational Certificates are provided for those who attend.