

Commentary: facing up to the challenge of chronic conditions

Martin Fotherby Senior Lecturer, Department of Ageing and Stroke Medicine, University of Leicester
Email martin.fotherby@uhl-tr.nhs.uk

As healthcare practitioners, we should all quite rightly remain focused on the efficient delivery of care. This includes concentrating on the small proportion of people who consume a relatively high proportion of healthcare, but this should be productive. Care of people with chronic conditions such as asthma/chronic obstructive pulmonary disease (COPD), heart failure, diabetes, kidney disease, and stroke cost the NHS about £7 of every £10 spent on patient care.

More effort spent in preventing and efficiently managing these conditions could make a healthy impact on patients and budgets. The NHS Health Check Programme is a step in the right direction. Everyone between the ages of 40 and 74 years, who has not already been diagnosed with one of these conditions, will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage that risk. For this or any ill health prevention programme to be successful it needs to reach not just the interested but those who are reluctant to offer themselves for such testing. We need to make health checks personalised and easy to access—appointments at the GP surgery on their own will not do. Such checks could be offered at pharmacies, opticians, chiropodists and dentists. Better still providing checks in shopping centres and supermarkets with their longer opening hours and ready access would entice in many who wouldn't normally attend.

For those currently living with a chronic condition a better quality of life and fewer in-patient bed days could be achieved if there was more extensive implementation of current initiatives such as out-reach and in-reach workers, improved community services and support, contact points for advice, education for self-management and support through



the Expert Patient Programme.

It is difficult to see how we can afford not to widely implement such initiatives—recurrent and lengthy hospital admissions for an increasing number of chronically ill patients is not sustainable. Reorganisation of services and working practices in hospitals and a shift to increased community services needs to progress.

According to ex-NHS chief executive Lord Crisp, who has written a book about his tenure in charge of the health service, more hospitals need to close in order to free up funds for dealing with long-term conditions through community care and new services. He said to cope with the ageing population, and to be able to ensure the hospitals are able to deliver services to the best standards, some hospitals will also need to be merged. His warnings need to be taken seriously.