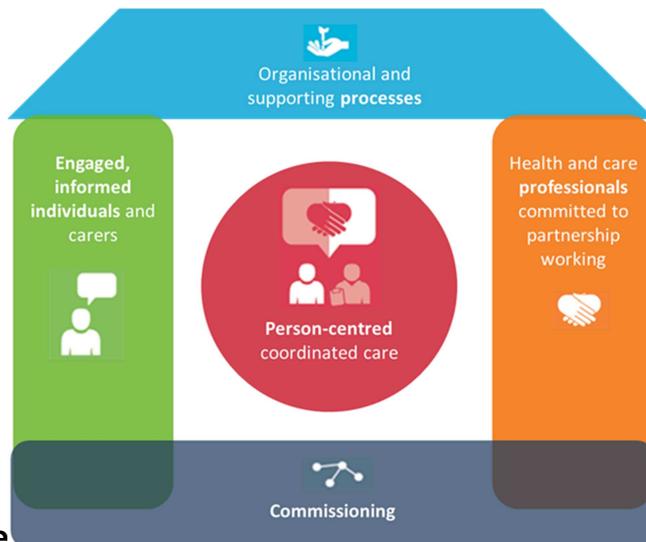


## Appendix 2

# Enhancing the quality of life for people living with long term conditions



**The House of Care**

**Dr Martin McShane – Director (Domain 2) Enhancing the quality of life for people with Long Term Conditions, NHS England, writes:**

“The NHS has a lot to celebrate: it has contributed to people surviving conditions that in the last century would have been fatal and contributed to an increasing life expectancy. That success has however created a new context for the health and care system: the emergence of non-communicable diseases or long term conditions (LTCs) as the dominant challenge to health and care systems. It is estimated that LTCs consume around 70% of health and care resource expenditure. Moreover the pattern of LTCs is changing. Although great strides have been made in tackling individual conditions, increasingly individuals have to cope with multiple conditions. Society has changed as well. People have different expectations and the revolution in digital technology means the traditional role of the professional with a patient needs to be transformed as well.

Our system, designed for the 20th century, has to change and adapt to meet the challenges of the future. By listening to the experiences and feedback from people coping with LTCs it is evident that the individual needs to become central to how care is designed and implemented. Personalised care, which understands and supports the individual, is vital. There is no magic bullet which will support the delivery of personalised care but there is evidence that thinking systematically about the essential components does.

We need to continue to use the best clinical and organisational evidence and practice which has emerged from the condition specific focus developed over recent decades. This is the roof of the House and is supported by two walls. The first of these walls supports professional collaboration. Long term condition management is about collaboration between professional specialists and generalists. It is about team work which puts the individual requiring support central to the endeavours of professionals. The second wall is about the individual and their carers. We need to support the potential of both the individual and their network of support to self-care. Self-care is not abandoned care but recognises that in the management of LTCs the individual with the conditions is an expert in their own right.

The foundations for the House are commissioning enablers. Planning, securing and monitoring investment on behalf of the individual and population to secure the best possible outcomes.

The House of Care takes a whole system approach to LTC management. It makes the person central to care. It is about aligning levers, drivers, evidence and assets to enhance the quality of life for people with long term conditions no matter what or how many conditions they have. To make the House of Care a reality we have developed resources including an interactive toolkit, an information dashboard and a diagnostic tool which will help professionals, organisations and communities to make the changes at a local & personal level. NHS England will continue to make changes at a national level that support implementation whilst understanding where the real change happens.”