

The national service framework for long-term conditions

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The new national service framework sets quality criteria for the care of patients with long-term neurological conditions. It aims to ensure early recognition of neurological conditions, increase self-management and independent living, and improve palliative care and support for families and carers.

The new *National Service Framework for Long-term Conditions* (NSF) has been launched (2005a). It aims to improve the care provided to people with long-term neurological conditions, but the principles are relevant to other long-term conditions.

Common long-term neurological conditions include Parkinson's disease, motor neurone disease, epilepsy, multiple sclerosis, and acquired brain and spinal cord injuries. Such conditions often cause physical, emotional, behavioural and cognitive difficulties, making their management complex.

Approximately 10 million people in the UK have neurological conditions. They account for 20 per cent of acute hospital admissions and are the third commonest reason for seeing a GP.

It is estimated that around 350,000 people in the UK need help with daily living because of a neurological condition and 850,000 people care for someone with such a condition (DoH, 2005a).

These patients will all have very different experiences of living with their condition, depending on the type (Box 1) and severity. There are also significant variations in prognosis and the management options available, but for most people, the onset of a long-term neurological condition marks the beginning of profound changes in their life.

The national service framework

The government first discussed the need for this NSF in February 2001. At first there was some ambiguity about whether it would encompass all long-term conditions. As it turns out the document only focuses on neurological conditions, although there are some generic issues of relevance to a wide range of people with long-term conditions and disabilities.

The NSF outlines 11 areas of care that it calls 'quality requirements'. These requirements are all aimed at helping people who have a long-term condition to live as

independently as possible. This support for independent living and self-management is a theme that we have seen in many of the other NSFs, such as the framework for diabetes (DoH, 2001).

The national framework does not tackle individual neurological conditions separately. Instead it provides a broad outline of the quality requirements that should be taken into account:

- The services provided should be person-centred. To do this, all people with long-term neurological conditions should be offered integrated assessment and planning of their health and social care needs. They should be given all the information they need to make informed decisions about their care and treatment and, where appropriate, health care professionals should help them to manage their own condition;
- People suspected of having a neurological condition should have prompt access to specialist neurological expertise for accurate diagnosis and treatment. This should be as close to their home as possible;
- With regard to hospital admission for a neurosurgical or neurological emergency, the framework highlights the need for timely assessment and treatment by teams with the appropriate neurological and resuscitation skills and facilities;
- Rehabilitation services in hospitals or other specialist settings should be timely, ongoing and of high quality. These services need to account for continuing and changing needs and include ongoing community rehabilitation and support;
- Patients with long-term neurological conditions who are living at home should be able to have ongoing access to a comprehensive range of rehabilitation, advice and support services, in order to increase their independence and autonomy;
- Patients should have access to appropriate vocational assessment, rehabilitation and ongoing support. This should enable people with long-term conditions to find, regain or remain in work and access other occupational and educational opportunities;
- To support independent living, there must be timely provision of appropriate assistive technology/equipment and adaptations to living quarters;
- The framework requires health and social care services to work together to provide care and support, enabling people with long-term neurological conditions to be given the greatest possible choice about whether to live independently at home;
- Palliative care services should endeavour to control symptoms, offer pain relief, and meet patients' needs for

personal, social, psychological and spiritual support.

- The carers of people with such conditions should have access to appropriate support and services that recognise their needs, both in their role as patient carers and in their own right;
- The final quality requirement concerns meeting the specific needs of those who have a long-term neurological condition while they are receiving treatment or care for other reasons.

Implementation

The NSF has a 10-year implementation period, though no specific milestones have been set. However, the framework identifies some areas for early action, such as setting up 'managed neuroscience clinical networks', identifying local priorities and setting up local implementation teams to take these priorities forward. The Multiple Sclerosis Society believes that in most areas the benefits of the NSF will only begin to show from 2006–2007 onwards (MS Society, 2005)

In order to achieve the quality requirements that focus on supporting people to manage their own condition and increasing independent living, this framework document must be implemented alongside *Supporting People with Long-term Conditions* (DoH, 2005b). The latter provides a model of care that can be applied to patients at an appropriate level and outlines the role of the new community matrons and case management leave (Hainsworth, 2005).

In addition, the Department of Health supports the implementation of the new framework with a web-based *Good Practice Guide* (available from www.dh.gov.uk/longtermnsf). This lists examples of innovative services that illustrate each quality requirement.

The NSF lists the key issues for implementation as:

- Partnerships between statutory services and voluntary and independent sector organisations;
- Closer links between GPs, local hospitals and specialist neuroscience and spinal cord injury centres;
- More education about neurological conditions for staff in all health and care settings.

Implications for practice

Delivering many of the quality requirements of this NSF will demand a multidisciplinary approach. Health, social services, housing, voluntary and independent sector teams will need to work closely together to ensure that appropriate support is provided to patients for independent living. It will present a challenge, but this kind of collaborative approach is becoming a common necessity in delivering many new service developments. There are also some other likely challenges to be overcome in order to put the NSF into practice.

The Multiple Sclerosis Society (2005) has reported that early recognition and prompt diagnosis rely on the availability of magnetic resonance imaging (MRI) scans, for which currently there can be significant waiting times. The problem of diagnosis is also compounded by a shortage of neurologists.

To meet the quality requirement for ensuring that people have their long-term condition correctly managed while receiving care for another illness, nurses will need training in neurological conditions. This will enable them to ensure continuing care in areas such as medication and continence care (Strachan-Bennett, 2005)

The NSF also raises the profile of palliative care for people who have non-malignant conditions. This is an area where it is easy to see how the NSF quality requirements can be applied to non-neurological conditions, as a lack of palliative care services has been a problem for other long-term conditions such as heart failure (Hainsworth and Beckford-Ball, 2004).

A further challenge will be to get the balance right between care in a person's own home and the availability of residential care. There has been some concern among nurses that the drive towards independent living could prevent those for whom residential care is the most appropriate option from receiving that care (Strachan-Bennett, 2005).

However, this NSF will ensure that work is undertaken to meet these challenges and, along with *Supporting People with Long-term Conditions* (2005b), it provides the tools to improve care for these patients. ■

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BOX 1. CATEGORIES OF LONG-TERM NEUROLOGICAL CONDITIONS

CATEGORY	EXAMPLE
Sudden-onset conditions	Acquired brain injury Spinal cord injury with partial recovery
Intermittent and unpredictable conditions	Epilepsy Certain types of headache Early multiple sclerosis, which has relapses and remissions
Progressive conditions	Motor neurone disease Parkinson's disease Later stages of multiple sclerosis
Stable neurological conditions, but with changing needs due to development or ageing	Post-polio syndrome Cerebral palsy in adults

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