CARE PLANNING IN LONG-TERM CONDITIONS: EXPLORING THE COMPLEXITIES AND PROMISE OF REALIST EVALUATION

Lhussier M, Carr SM, Eaton S, Forster N

monique.lhussier@northumbria.ac.uk
Care planning – why is it needed

A sustained increase in prevalence of long term conditions (15 million people in England; 42% of the population in Scotland)

- Quality of life impacts (mobility, independence)
- Cost impacts (70% of the total care spend)
- Consequences for care delivery
“...every person with a long-term condition or disability has a personalised care plan supporting them to develop the knowledge, skills and confidence to manage their own health. NHS England will develop and implement a best practice standard that defines what good, personalised, digital care plans and planning processes look like, in order to support GPs and health professionals during 2014.” NHS England (2013)
Care planning - what is it

“Care planning is a systematic way of operationalizing patient centredness in long-term conditions, and involving people in their care, in order to provide support for self-management.” (Lhussier et al. 2013)
Care planning – the house of care

Organisational processes

- IT: clinical record of care planning
- Know your population
- Contact numbers and safety netting
- HCP committed to partnership working
- Consultation skills / attitudes
- Integrated, multi-disciplinary team & expertise
- Senior buy-in & local champions to support & role model

Engaged, informed patient

- ‘Prepared’ for consultation
- Information/structured education
- Emotional & psychological support

Commissioning
- The foundation

- Commissioning the menu (including Non Traditional Providers)
- Commissioning care planning
- Metrics and monitoring

Collaborative care planning consultation

Test results / agenda setting prompts: beforehand
Care planning – contextual challenges

“The need to improve the treatment and management of long-term conditions is the most important challenge facing the NHS. Improving care for people with long-term conditions must involve a shift away from a reactive, disease-focused, fragmented model of care towards one that is more proactive, holistic and preventive, in which people with long-term conditions are encouraged to play a central role in managing their own care.” (Coulter 2013)
Care planning – implementation challenges

- “there are so many long term conditions and to try a singular approach is difficult but to have separate care plans for each would be too big a job”

- “People doing it on their own will never succeed because if your direction of travel is not in line of the practice policies you will be running into trouble.”

- “the older generation... they’re so used to the system as it is, they come along and we tell them and that’s it and they follow instruction almost, whereas the younger people are much more open I think now to this sort of care where they’re taking responsibility as well”
Care planning – does it work?

- People who are more engaged in their self-management experience better outcomes
- Self management skills can be developed with the right support
- Service redesign following care planning implementation impacts positively on team work and practice based systems

BUT…
Care planning – does it work?

- There are barriers to effectiveness (short consultation times, poor coordination and continuity, disengaged or disempowered patients)
- Care plans are not always used in practice
- Even when they are, effectiveness remains to be demonstrated unequivocally
Assessing impact

- The causality between the introduction of practice tools and improved outcomes is at present assumed rather than understood in depth.
- The causality chain might be lengthy and complex – CP consultation – decision making – self management.
- Effects on quality of life and clinical outcomes may not be measurable for years.

... The promise of realist thinking.
Realist evaluation: C+M=O

- Observable / measurable outcome patterns

Diagram:
- CONTEXT
- MECHANISMS
- INTERVENTION
Realist approaches - context

- Context: what conditions are needed for an intervention to trigger mechanisms to produce particular outcomes patterns?

Context refers to not just the physical, but to the culture and drivers (professional cultures, power dynamics within GP practices, cost effectiveness, disease specific clinical reasoning), institutional features (patient list sizes in GP practices, shared nursing teams, staffing levels in care homes) and ethical issues (equality of care, capacity to make a decision).
Mechanism: what is it about an intervention that may lead it to have a particular outcome in a given context?

Mechanisms explain causal relations by describing the powers built in to a system, including the reasoning of stakeholders (such as health care professionals, patients or carers), or resources of the social programme (intervention). Mechanisms can often not be directly observed, and the evaluator must hypothesise which mechanism is likely to have ‘fired’ and then test this theory with data.
Realist approaches - outcomes

- Outcomes pattern: what are the practical effects produced by causal mechanisms being triggered in a given context?

Outcomes can be observed at various levels of the system:
- The patient (lifestyle or clinical outcomes);
- The professional (self-efficacy, communication skills);
- The practice (QI outcomes);
- Cross organisational outcomes (use of referral pathways);
Conclusion

- From: Does care planning work?

- To: What makes care planning ‘work’? For whom, and in what circumstances does it work best?


de Silva D, Helping people help themselves - a review of the evidence considering whether it is worthwhile to support self-management, 2011, The Health Foundation: London.


