

SFHCMC2

Assess the healthcare needs of individuals with long term conditions and agree care plans



Overview

This standard covers assessing the healthcare needs of an individual with long term conditions in full and agreeing a care plan with the individual. This involves gathering and interpreting information through discussion with the individual, and through examination. The care plan may be the first one an individual has agreed, or the result of a regular health review. The activity of agreeing a care plan may be accompanied by specific interventions, including: where the care plan entails behavioural change – such as helping the individual to lose weight, to change their diet, to undertake more physical activity, or to cease smoking.

This standard is relevant to those who provide proactive and co-ordinated Case Management. Here, Case Management means identifying and risk stratifying vulnerable, high-risk people with complex multiple long term conditions. Case Management should take place within the philosophy of enabling and promoting self care, self management and independence.

Users of this standard will need to ensure that practice reflects up to date information and policies.

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Performance criteria

You must be able to:

- P1 communicate with individuals and carers in a manner which encourages an open exchange of views and information
- P2 listen to the individual's description of their health and gather information on:
 - P2.1 what they see as their health needs
 - P2.2 their patterns of eating, diet and physical activity
 - P2.3 any concerns with their medication and other aspects of managing their LTC
 - P2.4 self management issues, for those who are not newly diagnosed
- P3 assess through discussion:
 - P3.1 the individual's understanding of their LTC
 - P3.2 their ability to self manage
 - P3.3 their attitude to self managing
 - P3.4 their emotional/psychological needs in relation to living with their condition
- P4 explain to the individual and carer the purpose and nature of any examinations which need to be carried out, and confirm that the individual understands and consents to this
- P5 conduct the examinations in a manner which encourages the participation of the individual, and ensure that any unnecessary discomfort is minimised
- P6 review all of the information gathered from the individual, including that from screening services, and evaluate their overall risk against agreed guidelines and any targets previously agreed with the individual
- P7 consult with colleagues, or seek advice from others who are able to assist, where the information you have gathered is difficult to interpret
- P8 identify evidence of the development of long-term complications of their illness and assess the overall risks for the individual
- P9 communicate with the individual and carer throughout in a way that fully involves them in discussing how to manage their LTC
- P10 explain the findings from the assessment of the individual's healthcare needs, allow the individual and carer time to identify their issues of concern
- P11 in discussion with the individual jointly identify priorities for managing their LTC in the immediate future and care at the end of life, taking into account:
 - P11.1 the risks revealed by the assessments
 - P11.2 the individual's beliefs and values
 - P11.3 the choices facing the individual
- P12 offer to help the individual and carer develop a care plan that will address the issues and risks raised by the assessment

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- P13 where the individual and carer accept your offer, help them to develop a realistic plan of care that is appropriate to the needs, circumstances and wishes of the
- P14 agree upon what responsibility the individual will take for managing their LTC, and what responsibilities will be taken by healthcare professionals and by carers, and provide appropriate encouragement and support
- P15 explore with the individual their preferred methods of communication for maintaining contact
- P16 provide appropriate information about agencies and sources of support and advice, to help the individual to access relevant services
- P17 refer the individual for further tests or treatment, with their consent, where the information you have gathered from the examinations or discussions indicates a further health risk
- P18 make an accurate record of the discussion and any agreed plan that can be followed by other members of the care team, the individual and carer

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Knowledge and understanding

You need to know and understand:

- K1 the relevant NSF for the condition if available
- K2 the NICE guidelines on the relevant condition monitoring, management and education
- K3 causes of the condition
- K4 signs and symptoms of the condition
- K5 normal and abnormal blood values associated with the condition
- K6 how to monitor the relevant condition
- K7 typical progressive patterns of the LTC
- K8 the importance and effects of patient education and self management
- K9 the psychological impact of the LTC, at diagnosis and in the long term
- K10 how to gather information from patients about their health
- K11 how to work in partnership with patients and carers
- K12 the social, cultural and economic background of the patient/carer group
- K13 the impact of nutrition and physical exercise
- K14 the effects of smoking, alcohol and illicit drugs
- K15 the effects of, and how to manage, inter current illness
- K16 how to manage specific clinical events associated with the LTC
- K17 the medications used to manage the LTC
- K18 the long term complications of the condition and when they are likely to occur
- K19 the law and good practice guidelines on consent
- K20 the staff member's role in the healthcare team and the role of others
- K21 local LTC guidelines
- K22 local referral pathways
- K23 local systems for recording patient information
- K24 quality assurance systems
- K25 the process of notification for legal and insurance purposes
- K26 sources of practitioner and patient information on the LTC
- K27 contact details of local and national support groups
- K28 how individuals can access local facilities for exercise and physical activity, education and community activities

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Additional Information

External Links

This standard links with the following dimension within the NHS Knowledge and Skills Framework (October 2004):

Dimension HWB6: Assessment and treatment planning

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