

Information booklet of longer-term condition

by Ameena Shirin Paramba

Submission date: 30-Jun-2023 09:44AM (UTC+0100)

Submission ID: 209648560

File name: 47436_Ameena_Shirin_Paramba_Information_booklet_of_longer-term_condition_504023_728615544.docx (550.96K)

Word count: 3647

Character count: 20002



Prifysgol Cymru
Y Drindod Dewi Sant
University of Wales
Trinity Saint David

**COMMUNITY CARE AND MANAGEMENT OF
LONGER-TERM CONDITIONS
(COMMUNITY CARE OF DIABETES PATIENTS)**

3

MODULE CODE: LCH37003

**MODULE TITLE: INFORMATION BOOKLET OF LONGER-
TERM CONDITION MANAGEMENT**

LECTURER NAME: DR. AISHAT T BAKRE

STUDENT NAME: AMEENA SHIRIN

STUDENT ID: 2242240

TABLE OF CONTENTS

1.0 Introduction	3
1.1 Discussion	Error! Bookmark not defined.
2.0 Impacts	4
2.1 Physical impact of community care	4
2.2 Psychological Impact of community care	5
2.3 Social impact of community care.....	6
3.0 Theoretical Models	
3.1The NHS and social care model of community care	7
3.2 Chronic care model	8
4.0 Examination of implementation of health policies for people with long-term conditions	11
5.0 Recommendations for care approaches	12
6.0 Conclusion	13
7.0 Reference List.....	14

1.0 Introduction

The community care and management of patients of long-term and chronic diseases is important for the social, psychological, and physical as well as for overall societal care as well. One of the long-term and chronic diseases, that severely impact the physical, as well as cognitive abilities of a patient, is "Diabetes Mellitus". Type 2 diabetes is one of the most common adult diseases in the United Kingdom, which impact the blood sugar level of patients. Basically, the blood sugar level increases as a result of a deficiency of insulin in the body. Also, in the initial stages, the symptoms were very mild, which could lead to the ignoring of the disease by the affected individual for many years, which worsens the situation. In this report, two different models of community care is discussed.

1.1 Discussion

In the U.K Population, there are 7% of the people are living with Diabetes Mellitus, around 40000 children that are affected with Type 2 diabetes, 3000 children diagnosed every yearly perspective. 49% of the people are affected with type 1 diabetes, but the 7.6% people are attending according to the records. 28% of the people have been reporting having problems of acquiring self-management equipment & medication. One-Third of the people are suffering complications regarding microvascular, which is diagnosed with Type 2 diabetes. National Health services have assumed of 10 billion dollars of its budget, with 530 myocardial infarctions & 175 cases of amputation regarding Diabetes. Diabetes prevalence has reached epidemic levels throughout the world, which has led to significant public health issues. According to the international diabetes federation, 463 million people worldwide had diabetes in 2019, and 700 million were predicted to have the disease by 2045, according to a quantitative analysis.

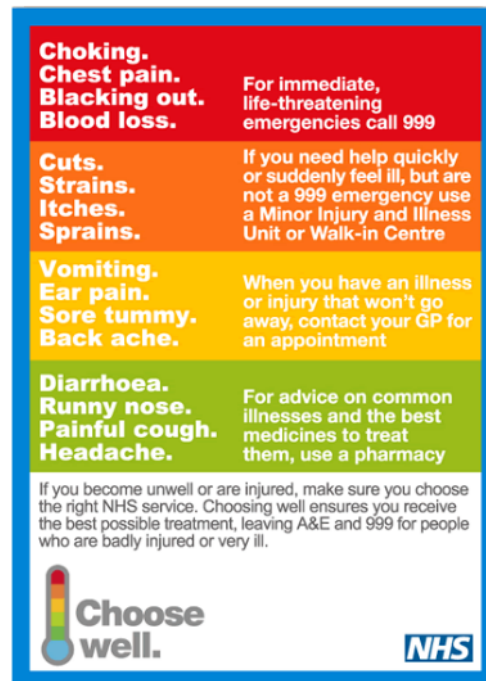


Figure 1: The methods of care for diabetes patients

(Source: www.diabetes.co.uk)

2.0 Impacts

2.1 Physical impact of community care

There is a tremendous impact in terms of social, physical, and psychological factors for the patients. This becomes truer regarding patients with long-term conditions like diabetes. The community care is the type of care, where the patients were provided with care and support, and avoid a social isolation of the patients (Bonell, *et al.*, 2020). In general, the services were aimed at providing services to elderly people, people with long-term illness, and physical and cognitive disabilities.

Diabetes type 2 is a chronic problem regarding the development of physical difficulties for the people. It impacts the overall lifestyle of an affected person. The community care services would generally provide support regarding controlling of diet, making diet plans, suggestions of exercises, and also provide medical support like the injection of insulin to the patients.

The impact could be analyzed by thoroughly studying previously published studies. For example, as per the study conducted in Germany among patients of type 2 diabetes, it had been found that lifestyle factors ²⁹ play an important role in the prevention of the disease. The study was a secondary one, which was based on different ³² studies up to 2019. ³¹ A total of 19 studies were analyzed. The results found that, maintenance of a healthy lifestyle reduces the risks of type 2 diabetes up to 78% (Schlesinger, *et al.*, 2020). The conditions of a healthy lifestyle were eating healthy food, maintaining of proper diet, and performing adequate physical activities. The community care centres helps the patients in maintaining such conditions, indirectly improving the physical condition of the patient.

Also, as per another study, the proper caring of feet helps in the controlling of diabetes among people. The study was carried out in the period between 2015 to 2016. The study was a secondary one, and based on collecting data from databases like PubMed, MEDLINE and others (Coffey, *et al.*, 2019). A total 42 studies were analyzed. They found that improvement of footcare for the diabetic patients will reduce the problem of foot ulceration, and also the overall diabetes.

2.2 Psychological Impact of community care

There is also a major impact in terms of psychological issues of a diabetic patient as well. A patient with chronic and long-term diabetes could face severe mental health issues like depression, short temperament, anxiety, stress, extra distress and others. Depression is a ³⁵ medical illness that causes a patient to feel sad, and often loss of interest. Depression could also lead to an increase in the disabilities related to working at home. People with long-term and chronic diabetes situations were two to three times more likely to have depression. There is also the factor of increasing stress and anxiety among the patients. If a person feel stressed the majority of the time, it would increase the chances of diabetes among the patients. Whereas, anxiety could be described as a situation, where the patients might feel increasing level of fear, worry among others. People with the problem of diabetes would 20% more likely to develop the situation of anxiety than the normal people. Diabetes could also increase the distress level among the patients. Mainly some overwhelming feelings, where the affected people could get into unhealthy habits like eating heavy calorie foods and stopping of blood sugar level checking, among others (World Health Organization, 2022). It had been found that, in an 18-month period, almost 50% of diabetic people had developed the problem of diabetes distress. Community care of diabetic patients would include counselling of patients with a mental health counsellor, educating people with diabetic educators, and spending of quality time of the patients with family members among others.

The positive psychological impact of community care could be analyzed through analysis of previously published articles. As per the study conducted in the United Kingdom, between the years of 2018 to 2019, it had been found that a relatively intractable pattern of population with high rate of diabetes and the rates of complications (Moudatsou, *et al.*, 2020). The "Social Determinant of Health (SDOH)" is an important part of the determinant factors for diabetes patients. The SDOH factors include the income, social status, education, occupation, and other factors. It had been found that the community care of the patients could reduce the stress level of the diabetic patients by almost 55%.

2.3 Social impact of community care

There is also a tremendous impact on the social life of a person, regarding the improvement of diabetic conditions of the patients, which could lead to the development of reduced stress, less anxiety, increased level of family bonds, increased level of bond with friend circle, people of the community the person lives in among others. These could be said as critical to the social impact of diabetes. Reduction of the level of stress could be achieved by being open with the friends, family members and others. Also, if one diabetic patient could find a friend who had the similar issues, that also helps in the reduction of social stress. Community care helps to achieve situations, where it may also reduce the social stress level. The family members of a patient could also reduce the stress burden of such patients. In a long-term context, the social impact could be analyzed by the results that show a reduction in the mortality level, and development of other chronic diseases among the patients. Community care also helps to reduce the overall healthcare cost to the patient, which was also a sign of relief.

As per the study conducted ²⁶ in the UK, the reduction of sedentary behaviour would lead to the development of a situation where it could be said that sedentary behaviour would help in the prevention of the development of chronic diseases like diabetes among people (Heron, *et al.*, 2019). The study was conducted by the NHS, between the years of 2016 to 2017. The results showed that, people could save up to 800 million pounds in their healthcare, related to chronic diseases.

3.0 THEORETICAL MODEL

3.1 NHS and Social Care Model of Community Care

This is an important model of interest in relation to community care. As it is a known fact that, the social care is an important way to prevent the disease to get worse in those patients having a long-term condition. Diabetes type 2 is one such condition, where as a result the metabolic condition of a patient gets distorted, and his/her lifestyle needs to be changed. In recent times, it had been observed that social workers plays a key role in caring of people with such condition. It had become more important as some people tries to manage their health condition through primary checkup at home (Klimentidis, *et al.*, 2020). The care teams while maintain a certain independence to LTC patients, but provide necessary community support to those patients. They could also detect and flagged up health concerns related to the patients.

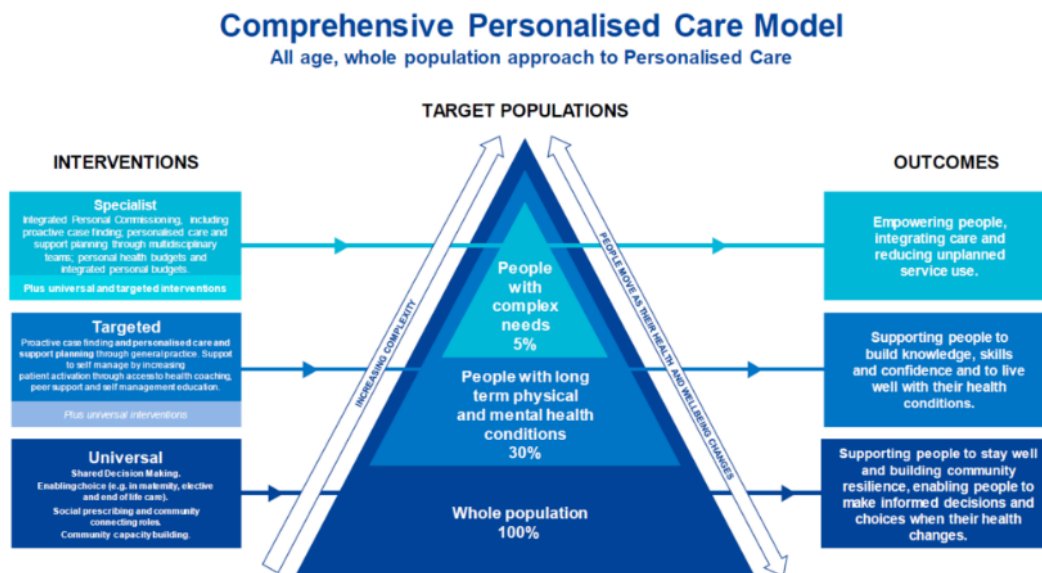


Figure 2: Template of social care model

(Source: www.coalitionforpersonalisedcare.org.uk)

As per the model, the integrated care team members were consists of a mix of adult social care and nursing teams. They had to work with the local general physician of the patient, and nursing staffs. The relevant care plans were created by the teams consisting of the team members of the community care, as well as the GP of the patient. As a result, the plans were more inclusive and could see the support of additional services, which would increase the possibility of patient

improvement (Dimakakou, *et al.*, 2020). Since, the structure of the teams were designed in a manner that supports constant coordination between the general physician and the nurse, and other healthcare professionals of the team, it also helps to ensure the quality of services. They ensure that all the necessary types of equipment are provided and help in the modification of care packages in response to the differential needs of the diabetes patients.

3.2 Chronic care model

The first Chronic Care Model was created to better understand the needs of patients suffering from chronic illnesses. Wagner and colleagues in the United States founded it in 1998. It is the most well-known framework for caring for people who have chronic illnesses. The primary purpose of the strategy is to connect knowledgeable, motivated people with chronic conditions with proactive teams of specialists. It recommends that six things must be considered in order to have a positive health outcome for persons living with LTC. "Community resources," "Healthcare organisation," "self-management support," "decision support," "delivery system redesign," and clinical information systems are among them. 2022 (Bodenheimer, Wagner, Grumbach) It is largely focused with "mobilising community resources to meet the needs of people with long-term conditions," as well as "creating a culture, environment, and environment."

COMOPONENTS OF CCM:

Table 1 The Chronic Care Model (Wagner et al. 1999)		
MODEL COMPONENTS		EXAMPLES
Health System - Organization of Healthcare	Programme planning that incorporates quantifiable targets for improving chronic illness care	- Visible support of improvements provided by senior leadership. - Incentives for care providers
Self-Management Support	The importance of patients playing a	Educational resources, skills training and

	prominent role in managing their own care is emphasised.	psychosocial support provided to patients to assist them in managing their care
Decision Support	Integration of evidence-based guidelines into daily clinical practice	• Wide dissemination of practice guidelines • Education and specialist support provided to healthcare team
Delivery System Design	¹ on teamwork and an expanded scope of practice for team members to support chronic care	• Planned visits and sustained follow-up. • Clearly define roles of healthcare team
Clinical Information Systems	Developing Focus information systems based on patient populations to provide relevant client data	• Surveillance system that provides alerts, recall and follow-up information. • Identification of relevant patient subgroups

		requiring proactive care
Community Resources and Policies	Developing partnerships with community organizations that support and meet patients' needs	- Identify effective programs and encourage appropriate participation. - Referral to relevant community-based services

Active implementation of a chronic disease management program

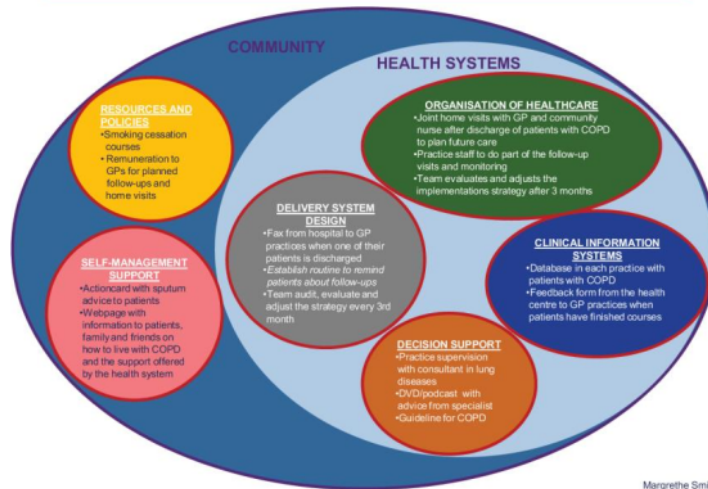


Figure 4. Chronic care model

Source: (Smidth et al.1970)

4.0 Examination of Implementation of Health Policies for People with Longer-Term Conditions

The above discussed model of community care is very important, and the government of the UK and others had designed health policies according to that. These policies were also varied at the local, as well as the national level.

Regarding the Public Health care model & the NHS system of the UK had set out a framework to achieve the electronic conversion of all the health records and relevant health data of the long-term condition patients. They had designed the framework in such a way, that is real-time and interoperable with the relevant health conditions and subsequent social factors (Bjgp.org, 2019). For example, in Kent the health authorities had successfully integrated and digitalized the patient data records. In terms of community care, the NHS had successfully developed strategies, that would lead to a potential improvement in the skills and knowledge of primary care staffs, other volunteers attached in the community care of patients, development of teamwork and increase their productivity (Lam, *et al.*, 2022). As, the model is hypothetically built upon a structure that is of a four-wall house, any deviation from the policies could lead to the development of faulty analysis.

Regarding, the social care model, the teams were designed in such a way, that would involve the participation of both the physicians at the community care level, along with the general physician where the patients had previously gone for their treatment. The NHS system and relevant healthcare authorities had designed the policies in such a way that is in association with that of patient care for the LTCs (von Schantz, *et al.*, 2021). There were some relevant, and positive examples of successful implementation of the policies. For example, at Mid Nottinghamshire, 83% of the referrals of the diabetes patients were gone to integrated teams of community care in the period of July to September 2015. Also, most of the patients are above the age of 70 years. It had been registered that, 56% of the patients were in need of "Physical" and "social" support from the community teams.

In the growth of the diabetes incidents that are occurring, different clinical improvements of 21st century. It is estimated of 4.2 million people that expected to be affected to the year 2030, which is calculated to 9% of the population. There are around 5 million people that is in the higher risk in the development of analysis of 2 types of diabetes.

National health care Services of England, is spending of around 150 million pounds for supporting these projects of integrated system of care, that is aimed to specializing services of nursing teams that have been recommended in the achievement of effective treatments of Blood sugar & pressure especially for children's.

There are NHS type2 diabetes path to remission program, there is NHS diabetes services of weight management, would be effectively countered in the improvement of behavior & effective internet access.

There are eating disorders, which is observed in the improvement of health care, which is related in the assessment of disorders related to Diabetes. In Parallel to the process of delivery, there are commissioning of the effective in depth evaluation of the launching of T1DE services. Through the continuation of services & achievements of the disordering of eating should be monitored by the team of NHS England's Team of regional diabetes. Through the understanding of the diabetic people of around 470000 people, should be regulated in the receiving of the ketone & blood glucose levels for which the understanding of products would be for the betterment of the people.

5.0 Recommendations for care approaches

Although, the models discussed above talk in detail about the design, importance, and practical examples of the NHS and social care model and Chronic care model, there needs to be some modification for the improvement of diabetic patient care. Both these models were focused on the personal level care of the diabetic and other patients by community team members. The recommendations were given below.

- 1) The system should be designed in a county-by-county manner. This will help the elder patients to being attached to a community centre near them.
- 2) As for the social care model, there should be a decision-making about the condition of the LTCs patients like diabetic patients after a detailed consultation among the physicians.
- 3) Also, the integrated care team members should be consisting of a permanent coordinator, in addition to the mix of adult social care and nursing teams.
- 4) According to the chronic care model better chronic care will necessitate simultaneous advances in self-management assistance, practice design, decision support, clinical information systems, and integration of community resources into health care.

6.0 Conclusion

In conclusion, it can be said that the community care is an important care method regarding the treatment and care of patients. Diabetes is a chronic and long-term disease, which affects almost 244 million people across the world. In case of the UK, the prevalence of the disease is very high. It was estimated that there are approximately 2.4 million people are at an increased risk of type 2 diabetes in the country. Also, almost 900,000 people are living with the disease, but are yet to be diagnosed. Also, the majority of them are living in low and middle-income countries, as India. India has the largest number of diabetic people among all the countries, with an estimated 77 million adult people having it. The community care of such patients greatly helped in the treatment of such patients. The two discussed models of community care, such as the NHS and social care model and the House of Care model, are important in this regard. The House of Care model is structured like a four-walled room, with all six dimensions of the structure serving as one of the components of the model. The Social Care model, is structured in such a way, that involves the healthcare workers, and volunteers attached to the team, as well as the individual general physician of the patient. Although both of these models are highly important regarding community care, there need to be some changes.

7.0 Reference List

- 24
(Riley, *et al.*, 2019) Prognosis research in healthcare: concepts, methods, and impact. Available at: <https://www.oxforduniversitypress.com/books>. [Accessed on: 11.06.2023]
- 2
Alsharif, A.A., Wei, L., Ma, T., Man, K.K., Lau, W.C., Brauer, R., Almetwazi, M., Howard, R. and Wong, I.C., 2020. Prevalence and incidence of dementia in people with diabetes mellitus. *Journal of Alzheimer's Disease*, 75(2), pp.607-615.
- 5
Bonell, C., Michie, S., Reicher, S., West, R., Bear, L., Yardley, L., Curtis, V., Amlôt, R. and Rubin, G.J., 2020. Harnessing behavioural science in public health campaigns to maintain 'social distancing' in response to the COVID-19 pandemic: key principles. *J Epidemiol Community Health*, 74(8), pp.617-619.
- 16
Coffey, L., Mahon, C. and Gallagher, P., 2019. Perceptions and experiences of diabetic foot ulceration and foot care in people with diabetes: a qualitative meta-synthesis. *International wound journal*, 16(1), pp.183-210.
- 6
Dimakakou, E., Johnston, H.J., Streftaris, G. and Cherrie, J.W., 2020. Is environmental and occupational particulate air pollution exposure related to type-2 diabetes and dementia? A cross-sectional analysis of the UK Biobank. *International Journal of Environmental Research and Public Health*, 17(24), p.9581.
- 2
England, N.H.S. and Improvement, N.H.S., 2021. Integrated care systems. NHS. www.england.nhs.uk/integrated-care/integrated-care-systems. Accessed Nov.
- 3
Heron, L., O'Neill, C., McAneney, H., Kee, F. and Tully, M.A., 2019. Direct healthcare costs of sedentary behaviour in the UK. *J Epidemiol Community Health*, 73(7), pp.625-629.
- 8
Klimentidis, Y.C., Arora, A., Newell, M., Zhou, J., Ordovas, J.M., Renquist, B.J. and Wood, A.C., 2020. Phenotypic and genetic characterization of lower LDL cholesterol and increased type 2 diabetes risk in the UK Biobank. *Diabetes*, 69(10), pp.2194-2205.
- 20
Knapp, M. and Wong, G., 2020. Economics and mental health: the current scenario. *World Psychiatry*, 19(1), pp.3-14.

- ¹⁰ Lam, S., Kumar, B., Loke, Y.K., Orme, S.E. and Dhatariya, K., 2022. Glycated haemoglobin and the risk of postoperative complications in people without diabetes: a prospective population-based study in UK Biobank. *Anaesthesia*, 77(6), pp.659-667.
- ⁴ Mok, V.C., Pendlebury, S., Wong, A., Alladi, S., Au, L., Bath, P.M., Biessels, G.J., Chen, C., Cordonnier, C., Dichgans, M. and Dominguez, J., 2020. Tackling challenges in care of Alzheimer's disease and other dementias amid the COVID-19 pandemic, now and in the future. *Alzheimer's & Dementia*, 16(11), pp.1571-1581.
- ¹⁷ Moudatsou, M., Stavropoulou, A., Philalithis, A. and Koukouli, S., 2020, January. The role of empathy in health and social care professionals. In *Healthcare* (Vol. 8, No. 1, p. 26). MDPI.
- ⁷ Schlesinger, S., Neuenschwander, M., Ballon, A., Nöthlings, U. and Barbaresco, J., 2020. Adherence to healthy lifestyles and incidence of diabetes and mortality among individuals with diabetes: a systematic review and meta-analysis of prospective studies. *J Epidemiol Community Health*, 74(5), pp.481-487.
- ¹² von Schantz, M., Ong, J.C. and Knutson, K.L., 2021. Associations between sleep disturbances, diabetes and mortality in the UK Biobank cohort: A prospective population-based study. *Journal of sleep research*, 30(6), p.e13392.
- ¹³ Wittenberg, R., Hu, B., Barraza-Araiza, L. and Rehill, A., 2019. Projections of older people with dementia and costs of dementia care in the United Kingdom, 2019–2040. *London: London School of Economics*.
- ¹¹ World Health Organization, 2022. *Rebuilding for sustainability and resilience: strengthening the integrated delivery of long-term care in the European Region* (No. WHO/EURO: 2022-5330-45095-64318). World Health Organization. Regional Office for Europe.
- ²¹ (Melleney, 2020) Individual Placement and Support (IPS) in England. Available at: <https://psycnet.apa.org/record/2019-28856-001> [Accessed on: 11.06.2023]
- ¹⁵ (Bjgp.org, 2019) Building the House of Care for people with long-term conditions: the foundation of the House of Care framework. Available at: <https://bjgp.org/content/66/645/e288> [Accessed on: 11.06.2023]

Information booklet of longer-term condition

ORIGINALITY REPORT

27%
SIMILARITY INDEX

23%
INTERNET SOURCES

11%
PUBLICATIONS

23%
STUDENT PAPERS

PRIMARY SOURCES

1	www.longwoods.com Internet Source	3%
2	Submitted to South Bank University Student Paper	2%
3	Submitted to University of Wales, Lampeter Student Paper	2%
4	Submitted to Chevron Training Student Paper	1%
5	Submitted to European University Student Paper	1%
6	Submitted to University of Bedfordshire Student Paper	1%
7	Submitted to Charles Darwin University Student Paper	1%
8	Submitted to University College London Student Paper	1%
9	www.birmingham.ac.uk Internet Source	1%

10	Submitted to Leeds Trinity and All Saints Student Paper	1 %
11	Submitted to Online Business School - CN-536154 Student Paper	1 %
12	Submitted to London Metropolitan University Student Paper	1 %
13	orca.cardiff.ac.uk Internet Source	1 %
14	scholarworks.gsu.edu Internet Source	1 %
15	Submitted to University of Hull Student Paper	1 %
16	purehost.bath.ac.uk Internet Source	1 %
17	Submitted to RDI Distance Learning Student Paper	1 %
18	Submitted to University of Salford Student Paper	1 %
19	www.allnationaljournal.com Internet Source	1 %
20	myassignmenthelp.com Internet Source	<1 %
21	Submitted to Edge Hill University	

<1 %

22

Submitted to Murdoch University

Student Paper

<1 %

23

Submitted to University of the Sunshine Coast

Student Paper

<1 %

24

Submitted to Glasgow Caledonian University

Student Paper

<1 %

25

research.vu.nl

Internet Source

<1 %

26

pureadmin.qub.ac.uk

Internet Source

<1 %

27

uokerbala.edu.iq

Internet Source

<1 %

28

www.dhhs.tas.gov.au

Internet Source

<1 %

29

www.researchgate.net

Internet Source

<1 %

30

Deborah Edwards, Judit Csontos, Elizabeth Gillen, Grace Hutchinson et al. "What is the forecasted prevalence and incidence of long-term conditions in Wales: a rapid evidence map", Cold Spring Harbor Laboratory, 2023

Publication

<1 %

31	Yuting Gong, Xiaoan Zhang, Xin Zhao, Hui Chang et al. "Global ambient particulate matter pollution and neurodegenerative disorders: a systematic review of literature and meta-analysis", Environmental Science and Pollution Research, 2023 Publication	<1 %
----	---	------

32	diabetesjournals.org Internet Source	<1 %
----	---	------

33	nanopdf.com Internet Source	<1 %
----	--------------------------------	------

34	uir.unisa.ac.za Internet Source	<1 %
----	------------------------------------	------

35	www.721news.com Internet Source	<1 %
----	------------------------------------	------

Exclude quotes Off

Exclude matches Off

Exclude bibliography Off