Getting the Basics Right

A building block for multiple long-term condition (mLTC) care

Key message:

- Before looking at mLTC, it's important to first have a clear and effective way to manage single long-term conditions.

This resource supports delivery of single condition care and the transition to mLTC delivery.

CESEL MULTIPLE LONG-TERM (mLTC) CONDITION RESOURCE PACK FOR INTEGRATED NEIGHBOURHOOD TEAMS (INT)

The Building Blocks for mLTC Care

RESOURCE SECTIONS	WHATS INCLUDED?	WHO IS THIS FOR?
1. Clinical mLTC care	Clustered condition care: cardiorenal metabolic conditions: prompts for clinical care • Hypertension + T2DM + CKD • Hypertension + T2DM • Hypertension + CKD • T2DM+CKD	Clinicians delivering cardiorenal metabolic reviews
2. Getting the basics right	Page Single condition care 3 Moving to mLTC care 3 Call and recall systems 5	Practice, PCN, INT leadership and management teams
3. Know your population	Multimorbidity in SEL Your population data 3+LTC SEL Data Ardens Resources	Practice, PCN, INT leadership and management teams
4. Make the best of the team	Building effective teams INT to support mLTC care Match team members to risk/need	Practice, PCN, INT leadership and management teams
5. Making Change	Making change and innovation Quality Improvement methods Try new things: The Bristol Model Patient activation UCLP Proactive Care Framework Innovation and risk groups Group Consultations Point of Care Testing Community of Practice Action Learning Sets Lifestyle Medicine Group Education Community of Practice SEL System Level Support	All those interested in delivering improvements General Practice, PCN, INT leadership and management teams Clinical and non-clinical teams

Single Condition Care

Single condition care

Clustered condition care

Whole Person Care

- **Capacity**

Teams can only provide proactive long-term condition (LTC) care when there is sufficient capacity. This needs to be balanced with capacity for same-day demand and collaboration with other services—for example, making use of community pharmacy (CP) support for minor and acute illnesses to help free up time and resources for planned LTC care.

- **Systems and people**

Investing in systems and people for LTC care helps brings resource into GP practices through incentives such as QOF.

- **Planning and coding are key**

- **Quality Improvement (QI) methods**

e.g., process mapping and PDSA can support improvement and change

System set up

Call/Recall

- Clear call and recall system
- Defined roles and activity planned across the year
- Offer appointments early in the QOF year to allow time for follow-up and non-attenders

Appointment booking

- Send self-booking links via Accurx
- Match appointment capacity to invitations to avoid patient frustration

Capacity Planning

- Allocate enough clinical contacts for LTC reviews
- Use longer appointments e.g. 30 mins to enable comprehensive reviews
- Maximise use of CP services to free capacity in GP team e.g. Pharmacy First, Minor Ailments Scheme

Equity

- Look at your data to see which patient groups are doing less well
- Collaborate with community groups to understand patient needs and how to address them
- Offer a range of appointment types and times
- Code and use 1st language and translation services for contacts and reviews
- Consider reasonable adjustments and test the readability score of text messages

Involve and train he team

Individuals' roles in Team

- Clarify team member's role and point of contact for issues
- Include team touchpoints to identify challenges and bottlenecks
- Social Prescribing Link Workers and Care Coordinators are well placed to support patients with complex needs
- CP to offer BP checks, New Medicines Reviews, alert GP team if medicines not collected, especially for vulnerable patients
- Secondary care to share medicines changes with CP as well as GP team

Staff training

- Ensure staff are properly trained for their roles:, front desk teams can explain the benefits of a LTC review, clinicians up to date on evidence base care, use of tools and templates
- Clinicians trained in personalised care
- Support training with CESEL, IMOC and SELWDH hub resources.

Best Practice

- Clinicians should deliver personalised, evidence-based care and be familiar with local pathways—Advice & Guidance, Consultant Connect, and in-team specialists—before referring to secondary care.
- Use CESEL, IMOC and SELWDH hub resources.

Plan the review appointment

Information gathering

- Collect patient data before reviews e.g. asthma test via text, blood/urine tests, weight, height, home BP
- Allow time for a pre-appointment review of results

Allow enough time

- Schedule enough time to combine LTC and structured medication reviews in one visit, using pre-planning and a mixed team e.g. pharmacist and senior nurse
- Patients with complex needs e.g. learning disability, neurodivergence may need longer appointments
- Underpin quality with CESEL, IMOC and SELWDH hub resources.

Get coding right

- Use Ardens templates to support correct coding codes to maintain accurate disease registers, support call/recall, risk stratification, and meet targets like QOF.

Review and Improve

Improvement projects

- Use a QI approach e.g. PDSA, with regular data and patient feedback to evaluate and ensure improvement effectiveness.

Use of data

- Regularly review data to spot gaps in training or systems. For example, high DNA rates or missed vulnerable patients highlight inequities, while missed checks e.g., urine ACR in diabetes, may indicate training needs.
- Reach out to CESEL facilitators for support
- Ardens Manager is a useful data tool for GP practices

Patient feedback

- Use patient feedback—surveys, patient participation groups, and informal feedback to learn what works and what could be improved.

INT Communication

- Collaborate across the INT to reduce duplication, fragmentation and agree clear care pathways.

Getting the basics right: Single Condition Care

Moving to mLTC care - delivery options

See also Making Change – for innovations to support care delivery

Single condition care → **Clustered condition care** → **Whole Person Care**

Options relevant to single condition **and** mLTC care

Use of Ardens recall tools

No Ardens recall tools	Ardens recall tools
• Use existing recall systems • May be difficult to monitor what you are doing, patients may get missed	• Systematic recall systemic, auditable • Involves staff training – admin and clinical

Consider Point of Care testing vs Phlebotomy

Routine phlebotomy	Point of care testing
• Can include all tests • Inconvenience for patient to attend additional appointment • Delayed results • Additional contact/s needed to review results compared to POC testing	• Reduced patient contacts to achieve optimisation • Patient convenience • Can discuss result and initiate management straight away • Not available for all tests • Not always possible to get capillary sample and then need routine phlebotomy • Additional staff training needed • Cost of machine and consumables • Need to validate results against laboratory test

Should patient groups be risk stratified?

No stratified risk groups	**Stratified risk groups:** identifying patients at higher risk
• Ease of planning with single offer to all patients • Less tailored to individual needs	• Pathway developed to meet different needs • Focus on patients most likely to deteriorate Requires time and planning • Needs skills in team for risk stratifying • Patient may not neatly fit into a risk group • Risk group may overlook important individual patient features

Are there digital aids that can help?

No Digital aids	Digital aids
• No additional staff training needed • May loose benefit of innovation e.g. to identify actions needed	• Can short cut to what to do in consultation • May reduce time needed for reviewing results and guidelines • May incur cost • Staff need training in use • Factor time to plan incorporation into pathway with review to see if effective

How to prepare for review appointment?

Dedicated pre-review time	No dedicated pre-review time
• Ensure all information at hand in the review • Signpost to additional support ahead of review if needed e.g. translation services • Ready to maximise time in review appointment • Takes time, planning and clinician time	• Less time and planning needed • Patient may attend review without all necessary information gathered • Need for more time in review appointment for reviewing results and checking guidance

Individual vs Group Consultation

Individual consultation	Group consultation
• Ease of scheduling • Focus on individual needs • Limited peer support opportunity	• Improve patient activation, engagement, and clinical outcomes (e.g. HbA1c, BP). • Peer learning, reduced isolation, and increased motivation. • Efficient use of clinician time and better patient experience • Scheduling and planning resource heavy • Staff training requirements • Consider if suitable rooms available

Options relevant to mLTC care

Who delivers the mLTC review?

Single clinician	>1 team member
• Ease of scheduling • Continuity of care • Smooth patient journey • Highly skilled clinicians needed with competency across range of conditions	• More time/resource for scheduling • Patient moving between different team members can involve waiting around • Uses existing skills in team • Tasks according to level of skills

How many conditions should/could the review include?

Clustered condition reviews	All condition reviews
• Patients may have conditions from different cluster groups and have still have multiple appointments for review	• Clinicians need to be confident across many conditions • Searches must cover all conditions to avoid any patient or condition being overlooked

Getting the basics right: Moving to mLTC

Call/Recall system

A systematic process of identifying and inviting patients suitable for proactive care, as opposed to patient- initiated contacts

Call = 1st invite for planned, proactive care

Recall = Follow up invite for patients who have not responded and for follow up

Robust call and recall system

Benefits of a good call/recall system

- Supports proactive, safe, and equitable care, reducing LTC complications, hospital admissions, and urgent demand.
- Enables target achievement e.g., QOF, financial sustainability, workforce planning, and values the team's contribution.

Risks of a poor call/recall system

- Poorly timed LTC reviews lead to patient crises, staff stress, missed patient needs, and reduced practice income.

Scope of call/recall systems

- This pack focuses on LTC care, but call/recall systems should cover all areas—LTCs (QOF & non-QOF), screenings, medication reviews, high-risk medications, diary recalls, abnormal results, and safety alerts—and be applied consistently.

Have a plan

- Plan capacity weekly, monthly, and annually by matching appointment needs, duration, and staff availability.
- Estimate QOF income to offset costs, use prevalence searches e.g. Ardens, NHS checks, Vital 5 to improve registers.
- Start early in the QOF year, to ensure time to manage more complex patients.

Have a plan for non-attenders

- Prioritise patients for review who may have missed reviews the previous year.
- Offer several contact options, such as text, phone, letter, or outreach from someone the patient knows, to encourage a positive response.
- Code and use patients' 1st language whenever possible.
- Care Coordinators and Social Prescribing Link workers outreach, understand and tailor care for patients with complex needs.
- MDT approach for patients with complex needs/mental health problems who repeatedly don't attend.
- Liaise with CP - has this patient been collecting their prescriptions?
- Non-response can indicate issues such as deteriorating dementia.

Moving to mLTC call/recall

- Enhance outcomes and efficiency

Resources

- Understanding Call/Recall in General Practice – SELWDH webinar from General Practice Support
- Modern General Practice resource for call/recall

For support contact CESEL and/or support-emis@ardens.org.uk

Ardens Support for call and recall includes

- Ardens LTC Recall system
- Ardens Diary Recall System
- Clinical templates (available on EMIS)
- Alerts (available on EMIS)
- Ardens Clinical searches (available on EMIS)
- Ardens Manager (all practices have a login)

See Know Your Population – Ardens Resources

CALL/RECALL CHECKLIST

Proactive ✓	• Use multiple contact methods (text, call, letter, opportunistic) • Gather feedback via surveys, PPG, and anecdotes to improve the system
Targeted ✓	• Keep contact details up to date – reception check at every contact • Use agreed searches and review intervals e.g., 6–12 months • Risk stratify patients and offer additional time, more frequent reviews and more continuity to more higher risk patients • Match team member to patient risk • Track outstanding calls weekly • Code invitations, completed, and due reviews
Systematic ✓	• Have regular touchpoints with staff and patients to troubleshoot issues • Use Ardens templates to code correctly to ensure disease registers accurate and management recorded correctly to understand progress and achieve for targets (QOF) • Confirm appointment capacity before sending • Use Ardens Diary Recalls.

Team in place and engaged ✓	• Strong leadership is key: appoint a recall champion with time for the task
	• Clarify roles and feedback channels
	  • Non-clinical trained to respond to alerts, book reviews with the right person, communicate to patients why the review is important
	  • Clinicians trained to code reviews completed, understand call/recall system to arrange and code for follow up

Culturally Appropriate ✓	• Use data and engagement to understand which groups of patients doing less well and needing a targeted approach • Contact patients in their first language, offer flexible methods and times • Reach vulnerable patients via SPLWs or Care Coordinators. • Engage with local community groups to support relationships and help overcome any mistrust.

Abbreviations

BP	Blood Pressure
CESEL	Clinical Effectiveness South East London
CKD	Chronic Kidney Disease
CP	Community Pharmacy
DNA	Did not attend
IMOC	Integrated Medicine Optimisation Committee
INT	Integrated Neighbourhood Team
LTC	Long term condition
MDT	Multidisciplinary team
mLTC	Multiple long term conditions
PCN	Primary Care Network
PPG	Patient Participation Group
QI	Quality Improvement
SEL	South East London
SELWDH	South East London Workforce Development Hub
T2DM	Type 2 Diabetes

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Making the right thing to do the easy thing to do.