

## Why a new approach is needed

The NHS was born in 1948, primarily to deal with one-off episodes of ill health, fractures and communicable infections. The professional skills required to deal with the presenting issues were ones of the 'expert-fixer'. These are the skills in which most professional health and care staff are trained.



Today care of people with long term conditions accounts for 70% of the money we spend on health and social care in England.

Long-term conditions are more prevalent in older people (58 per cent of people over 60 compared to 14 per cent under 40) and in more deprived groups (people in the poorest social class have a 60 per cent higher prevalence than those in the richest social class and 30 per cent greater severity of disease). These people on average spend less than 1% of their year receiving face to face 'expert-fixing' support from a health professional. The other 99% of their time is spent managing their own health. The question is then, who really is the expert here? Isn't it the person living with their Long-Term Condition?

The professional skills required today to support people living with Long-Term Conditions to achieve the best possible outcomes, are 'listening, coaching and enabling' skills. These need to be the first tools of choice from a professionals 'tool-kit' unless it is an emergency where 'expert-fixing' is the most appropriate.

What matters  
to me in my  
life

*"paternalism breeds dependency, encourages passivity and undermines people's capacity to look after themselves. It may appear benign, comfortable and reassuring, but it is a hazard to health"*

*(Coulter 2011)*

Increased 'Activation'

The knowledge, skills and confidence a person has in managing their own health and health care