

## Liverpool John Moores University

Title: CARE CO-ORDINATION FOR LONG TERM CONDITIONS  
Status: Definitive  
Code: **5007FDASPP** (106840)  
Version Start Date: 01-08-2014

Owning School/Faculty: Nursing and Allied Health  
Teaching School/Faculty: Nursing and Allied Health

Team	Leader
Catherine Taylor	Y

**Academic Level:** FHEQ5  
**Credit Value:** 20.00  
**Total Delivered Hours:** 58.00  
**Total Learning Hours:** 200  
**Private Study:** 142

### Delivery Options

Course typically offered: Standard Year Long

Component	Contact Hours
Lecture	30.000
Online	20.000
Seminar	4.000
Tutorial	4.000

**Grading Basis:** 40 %

### Assessment Details

Category	Short Description	Description	Weighting (%)	Exam Duration
Report	AS1	An evaluative report on the use of differing types of care package with different client groups. including the potential impact of the Assistant Practitioner on care delivery, (3000 words)	100.0	

<b>Competency</b>	Practice
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### Aims

*To develop knowledge of long-term conditions  
To demonstrate understanding of strategies to pro-actively manage long-term conditions effectively  
To understand the role of the Assistant Practitioner within the Kaiser Permanente model.*

## **Learning Outcomes**

After completing the module the student should be able to:

- 1 Examine a range of long-term conditions.
- 2 Critically review the impact of specific strategies for pro-actively managing long-term conditions.
- 3 Evaluate the role of the Assistant Practitioner within care co-ordination at individual and local level.
- 4 Attain the competencies related to care co-ordination as identified in WBCR.

## **Learning Outcomes of Assessments**

The assessment item list is assessed via the learning outcomes listed:

Evaluative report	1	2	3
Practice			4

## **Outline Syllabus**

*A range of long-term conditions, to include: respiratory, CHD, stroke, diabetes, motor neurone disease, MS, Parkinson's, skin conditions, cerebral palsy, skeletal conditions including osteo/rheumatoid arthritis.*

*Effects of multiple pathology (policy and practice); medicines and medicine management, contra-indications, basic pharmacology.*

*Models of care, to include: community-based care, the expert patient programme, holistic care provision, the Evercare model, Kaiser Permanente model, case management. Key roles in LTC, to include: community matrons, specialist practitioners, advanced practitioners, district nurses. NSF for Long Term Conditions. Examination of local policy initiatives in care co-ordination; the workforce modernisation agenda and impact of role development*

## **Learning Activities**

Lectures; seminars, presentations and debates; scenario-based learning; individual and group work tasks; e learning, blended learning; learning through practice; tutorials – individual and group; private study sessions.

## **References**

<b>Course Material</b>	Book
<b>Author</b>	Cooper, J.
<b>Publishing Year</b>	2004
<b>Title</b>	From patient to person: The living well report. The Long-term Medical Conditions Alliance
<b>Subtitle</b>	
<b>Edition</b>	
<b>Publisher</b>	The Long-term Medical Conditions Alliance London
<b>ISBN</b>	

<b>Course Material</b>	Book
<b>Author</b>	Department of Health.
<b>Publishing Year</b>	2001
<b>Title</b>	The expert patient: New approach to chronic disease management for the 21st century.
<b>Subtitle</b>	
<b>Edition</b>	
<b>Publisher</b>	London
<b>ISBN</b>	

<b>Course Material</b>	Book
<b>Author</b>	Department of Health.
<b>Publishing Year</b>	0
<b>Title</b>	
<b>Subtitle</b>	<a href="http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh4018578.pdf">http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh4018578.pdf</a>
<b>Edition</b>	
<b>Publisher</b>	
<b>ISBN</b>	

<b>Course Material</b>	Book
<b>Author</b>	Department of Health
<b>Publishing Year</b>	2004
<b>Title</b>	Improving chronic disease management
<b>Subtitle</b>	
<b>Edition</b>	
<b>Publisher</b>	
<b>ISBN</b>	

<b>Course Material</b>	Book
<b>Author</b>	Department of Health
<b>Publishing Year</b>	0
<b>Title</b>	Supporting people with long term conditions. An NHS and Social Care Model to support local innovation and integration.

<b>Subtitle</b>	<a href="http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh4122574.pdf">http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh4122574.pdf</a>
<b>Edition</b>	
<b>Publisher</b>	DOH London
<b>ISBN</b>	

<b>Course Material</b>	Book
<b>Author</b>	DOH
<b>Publishing Year</b>	0
<b>Title</b>	National service framework for long-term conditions.
<b>Subtitle</b>	<a href="http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh4105369.pdf">http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh4105369.pdf</a>
<b>Edition</b>	
<b>Publisher</b>	
<b>ISBN</b>	

<b>Course Material</b>	Book
<b>Author</b>	NHS Modernisation Agency Skills for Health
<b>Publishing Year</b>	2005
<b>Title</b>	Case management competencies framework for the care of people with long term conditions.
<b>Subtitle</b>	<a href="http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH4118101">http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH4118101</a>
<b>Edition</b>	
<b>Publisher</b>	
<b>ISBN</b>	

<b>Course Material</b>	Book
<b>Author</b>	NHS Modernisation Agency Skills for Health.
<b>Publishing Year</b>	0
<b>Title</b>	Case management competencies framework for the care of people with long term conditions
<b>Subtitle</b>	<a href="http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH4118101">http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH4118101</a>
<b>Edition</b>	
<b>Publisher</b>	
<b>ISBN</b>	

## Notes

Must attain the competencies relating to care-coordination for long-term conditions as prescribed in the work based competency record.