The Royal College of
Chiropractors

Chiropractic Quality Standard

Supportive Self-Management in Chronic Care

About The Royal College of Chiropractors' Quality Standards

Quality Standards are tools designed to help deliver the best possible outcomes for patients. They are a series of specific, concise quality statements with associated measures that provide aspirational, but achievable, markers of high-quality patient care covering the treatment of different conditions. They also form an important part in addressing the increasing priority being placed on improving quality and patient outcomes.

The primary purpose of The Royal College of Chiropractors' quality standards is to make it clear what quality care is by providing patients, the public, healthcare professionals, commissioners and chiropractors with definitions of high-quality chiropractic care.

By providing a clear description of what a high-quality service looks like, clinics can improve quality and achieve excellence. The quality standards encompass statutory requirements, best practice and existing clinical guidelines, but they are not a new set of targets or mandatory indicators for performance management. They are, however, a useful source to form the basis of clinical audit and to identify priorities for future improvement.

Chiropractors are encouraged to adopt the Royal College of Chiropractors quality standards as practice policy. They can be used in a wide range of circumstances, such as a source of identifying CPD, promoting the services that you provide, tendering for NHS contracts, or education at a local and national level. They enable Healthcare professionals to understand the standard of service that you provide, and allow commissioners to be confident that the services they are purchasing are of high quality. Importantly, they also help patients to understand what service they should expect.

The Royal College of Chiropractors

Chiropractic Quality Standard

Supportive Self-Management in Chronic Care

Contents

Quality Statements		4
Scope of Quality Standard		5
Quality Measures		5
Chiropractic Quality Statement 1:	Offering Care	6
Chiropractic Quality Statement 2:	Agreement to Commence	7
Chiropractic Quality Statement 3:	Discuss Beliefs and Goals	8
Chiropractic Quality Statement 4:	Shared Decision-Making	9
Chiropractic Quality Statement 5:	Care Plan	10
Chiropractic Quality Statement 6:	Aims of Care	11
Chiropractic Quality Statement 7:	Treatment Frequency	12
Chiropractic Quality Statement 8:	Challenging Beliefs and Encouraging Activity	13
Chiropractic Quality Statement 9:	Regular Assessment on Needs	14
Chiropractic Quality Statement 10:	Referrals	15
Chiropractic Quality Statement 11:	Management Reviews	16
Chiropractic Quality Statement 12:	Continuity of Care	17
Chiropractic Quality Statement 13:	Declining Treatment	18
List of Sources		20

Quality Statements

1. Supportive self-management is offered to all patients with long-term chronic conditions, whether symptoms are continuous or recurring in nature.
2. Supportive self-management is only provided with the specific agreement of patients following an informed discussion about the nature of their chronic condition, the likely outcomes with and without ongoing care, and alternative management options.
3. Patients with chronic conditions undergoing supportive self-management are encouraged to discuss their health beliefs, concerns, personal goals, expectations and preferences to inform decisions made about their individualised care.
4. Patients with chronic conditions undergoing supportive self-management are actively involved in shared decision-making and supported to make fully informed choices about their treatment and care.
5. A chiropractic care plan is developed in partnership with patients undergoing supportive self-management that includes goal setting, problem solving, lifestyle management, condition-specific education and chiropractic treatment.
6. The aim of a care plan for patients on supportive self-management plans is to reduce the frequency of appointments to a point where maximum therapeutic benefit continues to be achieved while encouraging more active self-monitoring and self-management.
7. Although the frequency of continued treatment depends upon the severity and duration of the symptoms, once stable, patients with chronic conditions undergoing supportive self-management should not expect treatment intervals to be less than four weeks.
8. Supportive self-management includes challenging patients' beliefs about their condition, encouraging a return to usual activity levels despite residual symptoms, self-monitoring and avoiding the over-reliance on active treatment.
9. The progress and needs of patients with chronic conditions undergoing supportive self-management will be regularly reviewed, including an assessment of activity levels, pain relief, anxiety, and whether goals are being met.
10. Patients with chronic conditions undergoing supportive self-management will be regularly assessed and considered for referral to another healthcare practitioner, either instead of, or in addition to chiropractic care.
11. Patients with chronic conditions undergoing supportive self-management will have formal documented reviews at least every twelve months.
12. Patients with chronic conditions undergoing supportive self-management will experience continuity of care, whenever possible, provided by the same chiropractor.
13. Patients with chronic conditions undergoing supportive self-management are made aware that they have the right to choose, accept or decline treatment at any time, and that these decisions are respected and supported.

Scope of Quality Standard

This quality standard covers chiropractic supportive self-management of patients with long-standing chronic musculoskeletal conditions (often referred to as "maintenance care").

Long-standing chronic conditions vary significantly in their severity and frequency of symptoms. These quality statements are therefore general, but nevertheless provide aspirational, but achievable, markers of high-quality, cost-effective patient care.

Quality Measures

The quality measures accompanying each quality standard aim to improve the structure, process and outcomes of care. They are not a new set of targets or mandatory indicators for performance management, but might be used to form the basis of future audit. They also specify what each statement means to each stakeholder (provider, commissioners, patients).

Chiropractic Quality Statement 1: Offering Care

Quality Statement	**Supportive self-management is offered to all patients with long-term chronic conditions, whether symptoms are continuous or recurring in nature.**
Quality Measure	**Structure:** Evidence of practice policy regarding the provision of supportive self-management to patients with long-term chronic conditions. **Process:** Proportion of patients with long-term chronic conditions that are offered supportive self-management care. **Numerator:** the number of patients in the denominator who have been offered supportive self-management care. **Denominator:** the total number of patients with long-term chronic conditions.
Description of what the quality statement means for each audience	**Service Providers** should ensure that patients with long-term chronic conditions are offered supportive self-management care. **Commissioners** should expect that patients with long-term chronic conditions are offered supportive self-management care. **Patients** with long-term chronic conditions should expect to be offered supportive self-management care.
Source	GCC Standard of Proficiency (S2.6) [http://www.gcc-uk.org/page.cfm?page_id=15] Supporting people with long term conditions to Self Care, Department of Health [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicy AndGuidance/DH_4130725] Helping people help themselves, The Health Foundation [http://www.health.org.uk/publications/evidence-helping-people-help-themselves] Chronic Condition Self-Management Guidelines, Royal Australian College of General Practitioners [http://www.sggpcp.com/chronicdisease/Guideline%20Summary%20 for%20Nurses%20&%20Allied%20Health%20Professionals.pdf

Chiropractic Quality Statement 2: Agreement to Commence

Quality Statement	**Supportive self-management is only provided with the specific agreement of patients following an informed discussion about the nature of their chronic condition, the likely outcomes with and without ongoing care, and alternative management options.**
Quality Measure	**Structure:** Evidence of practice policies relating to consent, shared decision-making, and the information supplied to patients prior to management decisions being made. **Process:** Proportion of patients with long-term chronic conditions that have agreed to supportive self-management following an informed discussion about their condition, possible outcomes and alternative treatment approaches. **Numerator:** the number of patients in the denominator who have agreed to supportive self-management following an informed discussion about their condition, possible outcomes and alternative treatment approaches. **Denominator**: the total number of patients with chronic conditions being provided with supportive self-management.
Description of what the quality statement means for each audience	**Service Providers** should ensure that patients with long-term chronic conditions have an informed discussion about their condition, possible outcomes and alternative management options, before agreeing to supportive self-management. **Commissioners** need to ensure that there is a mechanism by which patients with long-term chronic conditions have an informed discussion about their condition, possible outcomes and alternative management options, before agreeing to supportive self-management. **Patients** with long-term chronic conditions should expect to have an informed discussion about their condition, possible outcomes and alternative management options, before agreeing to supportive self-management.
Source	GCC Code of Practice and Standard of Proficiency (B1, B3, B4, C1, S2.1) [http://www.gcc-uk.org/page.cfm?page_id=15] Supporting people with long term conditions to Self Care, Department of Health [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicy AndGuidance/DH_4130725] Care Planning - Improving the Lives of People with Long Term Conditions, Royal College of General Practitioners [http://www.rcgp.org.uk/clinical-and-research/clinical-resources/care-planning.aspx]

Chiropractic Quality Statement 3: Discuss Beliefs and Goals

Quality Statement	**Patients with chronic conditions undergoing supportive self-management are encouraged to discuss their health beliefs, concerns, personal goals, expectations and preferences to inform decisions made about their individualised care.**
Quality Measure	**Structure:** Evidence of practice policies and procedures with regard to encouraging patients to discuss their health beliefs, concerns, personal goals, expectations and preferences. **Process:** Proportion of patients with chronic conditions undergoing supportive self-management who have been encouraged to discuss their health beliefs, concerns, personal goals, expectations and preferences. **Numerator:** the number of patients in the denominator who have been encouraged to discuss their health beliefs, concerns, personal goals, expectations and preferences. **Denominator:** the total number of patients with chronic conditions being provided with supportive self-management.
Description of what the quality statement means for each audience	**Service Providers** should have the systems in place to ensure that patients with chronic conditions undergoing supportive self-management are encouraged to discuss their health beliefs, concerns, personal goals, expectations and preferences. **Commissioners** should expect patients with chronic conditions undergoing supportive self-management to be encouraged to discuss their health beliefs, concerns, personal goals, expectations and preferences. **Patients** with chronic conditions undergoing supportive self-management should expect to be encouraged to discuss their health beliefs, concerns, personal goals, expectations and preferences.
Source	GCC Code of Practice (B1) [http://www.gcc-uk.org/page.cfm?page_id=15] NICE Clinical Guideline 138 - Patient experience in adult NHS services [http://guidance.nice.org.uk/cg138] Supporting people with long term conditions to Self Care, Department of Health [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicy AndGuidance/DH_4130725] Care Planning - Improving the Lives of People with Long Term Conditions, Royal College of General Practitioners [http://www.rcgp.org.uk/clinical-and-research/clinical-resources/care-planning.aspx] Chronic Condition Self-Management Guidelines, Royal Australian College of General Practitioners [http://www.sggpcp.com/chronicdisease/Guideline%20Summary%20 for%20Nurses%20&%20Allied%20Health%20Professionals.pdf

Chiropractic Quality Statement 4: Shared Decision-Making

Quality Statement	**Patients with chronic conditions undergoing supportive self-management are actively involved in shared decision-making and supported to make fully informed choices about their treatment and care.**
Quality Measure	**Structure:** Evidence of practice policies relating to shared decision-making. **Process:** Proportion of patients with chronic conditions undergoing supportive self-management who have been supported to make fully informed choices about their treatment and care, as well as actively involved in shared decision-making. **Numerator:** the number of patients in the denominator who have been supported to make fully informed choices about their treatment and care, as well as actively involved in shared decision-making. **Denominator:** the total number of patients with chronic conditions being provided with supportive self-management.
Description of what the quality statement means for each audience	**Service Providers** should ensure that patients with chronic conditions undergoing supportive self-management are supported to make fully informed choices about their treatment and care, and are actively involved in shared decision-making. **Commissioners** should seek evidence that patients with chronic conditions undergoing supportive self-management are supported to make fully informed choices about their treatment and care, and are actively involved in shared decision-making. **Patients** with chronic conditions undergoing supportive self-management should expect to be supported in make fully informed choices about their treatment and care, and actively involved in shared decision-making.
Source	GCC Code of Practice and Standard of Proficiency (B1, B3, B4, S3.1, S3.2) [http://www.gcc-uk.org/page.cfm?page_id=15] NICE Clinical Guideline 138 - Patient experience in adult NHS services [http://guidance.nice.org.uk/cg138] Equity and Excellence: Liberating the NHS, Department of Health [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/Publications PolicyAndGuidance/DH_118602] Helping people help themselves, The Health Foundation [http://www.health.org.uk/publications/evidence-helping-people-help-themselves] Care Planning - Improving the Lives of People with Long Term Conditions, Royal College of General Practitioners [http://www.rcgp.org.uk/clinical-and-research/clinical-resources/care-planning.aspx]

Chiropractic Quality Statement 5: Care Plan

Quality Statement	**A chiropractic care plan is developed in partnership with patients undergoing supportive self-management that includes goal setting, problem solving, lifestyle management, condition-specific education and chiropractic treatment.**
Quality Measure	**Structure:** Evidence of practice policies and procedures with regard to chiropractic care plans, with the inclusion of goal setting, problem solving, lifestyle management, condition-specific education and chiropractic treatment. **Process:** Proportion of patients undergoing supportive self-management who have receive a plan of care, including goal setting, problem solving, lifestyle management, condition-specific education and chiropractic treatment. **Numerator:** the number of patients in the denominator who have receive a plan of care, including goal setting, problem solving, lifestyle management, condition-specific education and chiropractic treatment. **Denominator:** the total number of patients with chronic conditions being provided with supportive self-management.
Description of what the quality statement means for each audience	**Service Providers** should have the systems in place to ensure that patients undergoing supportive self-management receive a plan of care, including goal setting, problem solving, lifestyle management, condition-specific education and chiropractic treatment. **Commissioners** should seek evidence that patients undergoing supportive self-management receive a plan of care, including goal setting, problem solving, lifestyle management, condition-specific education and chiropractic treatment. **Patients** with chronic conditions undergoing supportive self-management should expect to be given a plan of care, including goal setting, problem solving, lifestyle management, condition-specific education and chiropractic treatment.
Source	GCC Code of Practice and Standard of Proficiency (B1, B3, B4, S2.1, S3.1, S3.2) [http://www.gcc-uk.org/page.cfm?page_id=15] NICE Clinical Guideline 138 - Patient experience in adult NHS services [http://guidance.nice.org.uk/cg138] Supporting people with long term conditions to Self Care, Department of Health [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicy AndGuidance/DH_4130725] Helping people help themselves, The Health Foundation [http://www.health.org.uk/publications/evidence-helping-people-help-themselves] Care Planning - Improving the Lives of People with Long Term Conditions, Royal College of General Practitioners [http://www.rcgp.org.uk/clinical-and-research/clinical-resources/care-planning.aspx]

Chiropractic Quality Statement 6: Aims of Care

Quality Statement	**The aim of a care plan for patients on supportive self-management plans is to reduce the frequency of appointments to a point where maximum therapeutic benefit continues to be achieved while encouraging more active self-monitoring and self-management.**
Quality Measure	**Structure:** Evidence of policy statements detailing the aims of a care plan, specifically addressing the aim of reducing appointment frequency and encouraging more active self-monitoring and self-management. **Process:** Proportion of patients on supportive self-management plans in which the aim of the care plan is to reduce the frequency of appointments to a point where maximum therapeutic benefit continues to be achieved while encouraging more active self-monitoring and self-management. **Numerator:** the number of patients in the denominator whose care plans include the aim of reducing the frequency of appointments to a point where maximum therapeutic benefit continues to be achieved while encouraging more active self-monitoring and self-management. **Denominator:** the total number of patients with chronic conditions being provided with supportive self-management.
Description of what the quality statement means for each audience	**Service Providers** should ensure that the aim of a care plan for patients with chronic conditions on supportive self-management plans is to reduce the frequency of appointments to a point where maximum therapeutic benefit continues to be achieved while encouraging more active self-monitoring and self-management. **Commissioners** should look for evidence that the aim of care plans for patients with chronic conditions on supportive self-management plans is to reduce the frequency of appointments to a point where maximum therapeutic benefit continues to be achieved while encouraging more active self-monitoring and self-management. **Patients** with chronic conditions on supportive self-management plans should expect the aim of their care plan to be to reduce the frequency of appointments to a point where maximum therapeutic benefit continues to be achieved while encouraging more active self-monitoring and self-management.
Source	Supporting people with long term conditions to Self Care, Department of Health [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicy AndGuidance/DH_4130725] Helping people help themselves, The Health Foundation [http://www.health.org.uk/publications/evidence-helping-people-help-themselves] Globe GA et al. Chiropractic Management of Low Back Disorders: Report from A Consensus Process. J Manipulative Physiol Ther 2008;31:651-658 [http://www.sciencedirect.com/science/article/pii/S0161475408002765]

Chiropractic Quality Statement 7: Treatment Frequency

Quality Statement	**Although the frequency of continued treatment depends upon the severity and duration of the symptoms, once stable, patients with chronic conditions undergoing supportive self-management should not expect treatment intervals to be less than four weeks.**
Quality Measure	**Structure:** Evidence of policy statements on the frequency of treatment of patients with chronic conditions undergoing supportive self-management. **Process:** Proportion of patients with chronic conditions undergoing supportive self-management whose treatment intervals, once their condition is stable, are no less than four weeks. **Numerator:** the number of patients in the denominator whose treatment intervals, once their condition is stable, are no less than four weeks. **Denominator:** the total number of patients with chronic conditions being provided with supportive self-management.
Description of what the quality statement means for each audience	**Service Providers** should, under normal circumstances, not expect treatment intervals of patients with chronic conditions undergoing supportive self-management, once their condition is stable, to be less than four weeks. **Commissioners** should not expect treatment intervals of patients with chronic conditions undergoing supportive self-management, once their condition is stable, to be less than four weeks. **Patients** with chronic conditions undergoing supportive self-management, once their condition is stable, should not expect treatment intervals to be less than four weeks.
Source	A reasonable expectation by both the service providers and service users. Clinical Guidelines for Chiropractic Practice in Canada (The Glenerin Guidelines), Canadian Chiropractic Association [http://www.ccachiro.org/client/cca/cca.nsf/web/ glenerin%20 guidelines?opendocument]

Chiropractic Quality Statement 8: Challenging Beliefs and Encouraging Activity

Quality Statement	**Supportive self-management includes challenging patients' beliefs about their condition, encouraging a return to usual activity levels despite residual symptoms, self-monitoring and avoiding the over-reliance on active treatment.**
Quality Measure	**Structure:** Evidence of policy statements relating to the management of patients with chronic conditions undergoing supportive self-management with respect to challenging their beliefs about their condition, encouraging a return to usual activity levels, self-monitoring and avoiding the over-reliance on active treatment. **Process:** Proportion of patients with chronic conditions undergoing supportive self-management whose beliefs about their condition are challenged, and who are encouraged a return to usual activity levels, to self-monitor and to avoid the over-reliance on active treatment. **Numerator:** the number of patients in the denominator whose beliefs about their condition are challenged, and who are encouraged a return to usual activity levels, to self-monitor and to avoid the over-reliance on active treatment. **Denominator:** the total number of patients with chronic conditions being provided with supportive self-management.
Description of what the quality statement means for each audience	**Service Providers** should ensure that patients with chronic conditions undergoing supportive self-management are challenged about their beliefs about their condition, and that they are encouraged a return to usual activity levels, to self-monitor and to avoid the over-reliance on active treatment. **Commissioners** should seek evidence that patients with chronic conditions undergoing supportive self-management are challenged about their beliefs about their condition, and that they are encouraged a return to usual activity levels, to self-monitor and to avoid the over-reliance on active treatment. **Patients** with chronic conditions undergoing supportive self-management should expect their beliefs about their condition to be challenged, to be encouraged to return to usual activity levels, to self-monitor and to avoid the over-reliance on active treatment.
Source	Improving Care for people with long term conditions, Department of Health [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicy AndGuidance/DH_121603] Helping people help themselves, The Health Foundation [http://www.health.org.uk/publications/evidence-helping-people-help-themselves] Globe GA et al. Chiropractic Management of Low Back Disorders: Report from A Consensus Process. J Manipulative Physiol Ther 2008;31:651-658 [http://www.sciencedirect.com/science/article/pii/S0161475408002765] Chronic Condition Self-Management Guidelines, Royal Australian College of General Practitioners [http://www.sggpcp.com/chronicdisease/Guideline%20Summary%20 for%20Nurses%20&%20Allied%20Health%20Professionals.pdf

Chiropractic Quality Statement 9: Regular Assessment on Needs

Quality Statement	**The progress and needs of patients with chronic conditions undergoing supportive self-management will be regularly reviewed, including an assessment of activity levels, pain relief, anxiety, and whether goals are being met.**
Quality Measure	**Structure:** Evidence of practice policies or procedures with regard to reviewing the progress and needs of patients with chronic conditions undergoing supportive self-management, including assessing activity levels, pain relief, anxiety, and whether goals are being met. **Process:** Proportion of patients with chronic conditions undergoing supportive self-management whose progress and needs are regularly reviewed, including assessing activity levels, pain relief, anxiety, and whether goals are being met. **Numerator:** the number of patients in the denominator whose progress and needs are regularly reviewed, including assessing activity levels, pain relief, anxiety, and whether goals are being met. **Denominator:** the total number of patients with chronic conditions being provided with supportive self-management.
Description of what the quality statement means for each audience	**Service Providers** should regularly review the progress and needs of patients with chronic conditions undergoing supportive self-management including assessing activity levels, pain relief, anxiety, and whether goals are being met. **Commissioners** should expect the progress and needs of patients with chronic conditions undergoing supportive self-management to be regularly reviewed, including an assessment of activity levels, pain relief, anxiety, and whether goals are being met. **Patients** with chronic conditions undergoing supportive self-management should expect their progress and needs to be regularly reviewed including an assessment of activity levels, pain relief, anxiety, and whether goals are being met.
Source	GCC Standard of Proficiency (S2.6, S3.1, S3.2, S3.3) [http://www.gcc-uk.org/page.cfm?page_id=15] NICE Clinical Guideline 138 - Patient experience in adult NHS services [http://guidance.nice.org.uk/cg138] Helping people help themselves, The Health Foundation [http://www.health.org.uk/publications/evidence-helping-people-help-themselves]

Chiropractic Quality Statement 10: Referrals

Quality Statement	**Patients with chronic conditions undergoing supportive self-management will be regularly assessed and considered for referral to another healthcare practitioner, either instead of, or in addition to chiropractic care.**
Quality Measure	**Structure:** Evidence of practice policy with regard to the regular assessment and consideration for referral of patients with chronic conditions being provided with supportive self-management. **Process:** Proportion of patients with chronic conditions undergoing supportive self-management who are regularly assessed and considered for referral to another healthcare practitioner. **Numerator:** the number of patients in the denominator who are regularly assessed and considered for referral to another healthcare practitioner. **Denominator:** the total number of patients with chronic conditions being provided with supportive self-management.
Description of what the quality statement means for each audience	**Service Providers** should regularly assess patients with chronic conditions undergoing supportive self-management to establish whether referral to another healthcare practitioner is appropriate. **Commissioners** should expect patients with chronic conditions undergoing supportive self-management to be regularly assessed and considered for referral to another healthcare practitioner. **Patients** with chronic conditions undergoing supportive self-management should expect to be regularly assessed for consideration of a referral to another healthcare practitioner.
Source	GCC Standard of Proficiency (S2.1, S2.6, S2.7, S3.3) [http://www.gcc-uk.org/page.cfm?page_id=15] Supporting people with long term conditions to Self Care, Department of Health [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicy AndGuidance/DH_4130725]

Chiropractic Quality Statement 11: Management Reviews

Quality Statement	**Patients with chronic conditions undergoing supportive self-management will have formal documented reviews at least every twelve months.**
Quality Measure	**Structure:** Evidence of practice policy that formal documented reviews should be performed at least every twelve months for patients with chronic conditions being provided with supportive self-management. **Process:** Proportion of patients with chronic conditions being provided with supportive self-management in which formal documented reviews are performed at least every twelve months. **Numerator:** the number of patients in the denominator in which formal documented reviews are performed at least every twelve months. **Denominator:** the total number of patients with chronic conditions being provided with supportive self-management.
Description of what the quality statement means for each audience	**Service Providers** should document formal reviews of patients with chronic conditions being provided with supportive self-management at least every twelve months. **Commissioners** should seek evidence that patients with chronic conditions being provided with supportive self-management have formal documented reviews at least every twelve months. **Patients** with chronic conditions undergoing supportive self-management should expect to have formal documented reviews at least every twelve months.
Source	A reasonable expectation by both the service providers and service users. GCC Standard of Proficiency (S2.6, S3.1, S3.3) [http://www.gcc-uk.org/page.cfm?page_id=15] Chronic Condition Self-Management Guidelines, Royal Australian College of General Practitioners [http://www.sggpcp.com/chronicdisease/Guideline%20Summary%20 for%20Nurses%20&%20Allied%20Health%20Professionals.pdf

Chiropractic Quality Statement 12: Continuity of Care

Quality Statement	**Patients with chronic conditions undergoing supportive self-management will experience continuity of care, whenever possible, provided by the same chiropractor.**
Quality Measure	**Structure:** Evidence of practice policy with regard to continuity of care. **Process:** Proportion of patients with chronic conditions being provided with supportive self-management in which care is continually provided by the same chiropractor. **Numerator:** the number of patients in the denominator whose care is continually provided by the same chiropractor. **Denominator:** the total number of patients with chronic conditions being provided with supportive self-management.
Description of what the quality statement means for each audience	**Service Providers** should endeavour to provide continuity of care, whenever possible provided by the same chiropractor, for patients with chronic conditions undergoing supportive self-management. **Commissioners** should expect to see evidence that patients with chronic conditions undergoing supportive self-management receive continuity of care provided, whenever possible, by the same chiropractor. **Patients** with chronic conditions undergoing supportive self-management should expect continuity of care provided, whenever possible, by the same chiropractor.
Source	NICE Clinical Guideline 138 – Patient experience in adult NHS services: improving the experience of care for people using adult NHS services [http://guidance.nice.org.uk/cg138]

Chiropractic Quality Statement 13: Declining Treatment

Quality Statement	**Patients with chronic conditions undergoing supportive self-management are made aware that they have the right to choose, accept or decline treatment at any time, and that these decisions are respected and supported.**
Quality Measure	**Structure:** Evidence of practice policies relating to consent, shared decision-making, and the right to choose, accept or decline treatment, **Process:** Proportion of patients with with chronic conditions being provided with supportive self-management who are made aware that they have the right to choose, accept or decline treatment at any time. **Numerator:** the number of patients in the denominator who have been made aware that they have the right to choose, accept or decline treatment at any time. **Denominator:** the total number of patients with chronic conditions being provided with supportive self-management.
Description of what the quality statement means for each audience	**Service Providers** should ensure that patients with chronic conditions undergoing supportive self-management are made aware that they have the right to choose, accept or decline treatment at any time, and that these decisions are respected and supported. **Commissioners** should expect patients with chronic conditions undergoing supportive self-management to be made aware that they have the right to choose, accept or decline treatment at any time, and that these decisions are respected and supported. **Patients** with chronic conditions undergoing supportive self-management should expect to be made aware that they have the right to choose, accept or decline treatment at any time, and that these decisions are respected and supported.
Source	GCC Code of Practice (B4, B5) [http://www.gcc-uk.org/page.cfm?page_id=15] NICE Clinical Guideline 138 - Patient experience in adult NHS services [http://guidance.nice.org.uk/cg138]

Supportive Self-Management in Chronic Care

List of Sources

1. **Care Planning Improving the Lives of People with Long Term Conditions - Royal College of General Practitioners (September 2011)**
[http://www.rcgp.org.uk/clinical-and-research/clinical-resources/care-planning.aspx]

2. **Chapman-Smith D. New Best Practices for Chiropractic – Patient-Centered Vs Payer-Centered Care. The Chiropractic Report 2009;23-2**

3. **Chronic Condition Self-Management Guidelines - Summary for Nurses and Allied Health Professionals - The Royal Australian College of General Practitioners (July 2002)**
[http://www.sggpcp.com/chronicdisease/Guideline%20Summary%20for%20Nurses%20&%20Allied%20Health%20Professionals.pdf]

4. **Chronic Disease self-management in primary care – Patient Self-Management Break Out Session – Tom Bodenheimer & Halsted Holman**

5. **Cifuentes M, Willetts J, Wasiak R. Health Maintenance Care in Work-Related Low Back Pain and Its Association With Disability Recurrence. JOEM 2011;53-4:396-404**

6. **Code of Practice and Standard of Proficiency - General Chiropractic Council (June 2010) [http://www.gcc-uk.org/page.cfm?page_id=15]**

7. **Coleman MT. Supporting Self-management in Patients with Chronic Illness. American Family Physician 2005;72:1503-1510**

8. **Department of Health - Equity and Excellence: Liberating the NHS. 2010**
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_118602]

9. **Farabaugh RJ, Dehen MD, Hawk C. Management of Chronic Spine-Related Conditions: Consensus Recommendations of a Multidisciplinary Panel. J Manipulative Physiol Ther 2010;33:484-492**

10. **General Principles of Good Chronic Care – Integrated Management of Adolescent and Adult Illness – World Health Organisation (August 2004)**

11. **Globe GA, Morris CE, Whalen WM, Farabaugh RJ, Hawk C. Chiropractic Management of Low Back Disorders: Report from A Consensus Process. J Manipulative Physiol Ther 2008;31:651-658** [http://www.sciencedirect.com/science/article/pii/S0161475408002765]

12. **Hawk C, Schneider M, Willard Evans M, Redwood D. Consensus Process to Develop a Best-Practice Document on the Role of Chiropractic Care in Health Promotion, Disease Prevention, and Wellness. J Manipulative Physiol Ther 2012;35:556-4567**

13. **Helping people help themselves - A review of the evidence considering whether it is worthwhile to support self-management - The Health Foundation (May 2011)**
[http://www.health.org.uk/publications/evidence-helping-people-help-themselves]

14. **Henderson D, Chapman-Smith D, Mior S, Vernon H. Clinical Guidelines for Chiropractic Practice in Canada. Toronto (ON): Canadian Chiropractic Association; 1993**
[http://www.ccachiro.org/client/cca/cca.nsf/web/Glenerin%20Guidelines?OpenDocument]

15. **Improving care for people with long term conditions - Goal setting and action planning as part of personalised care planning - Department of Health (February 2011)**

16. **Improving care for people with long term conditions - How information supports personalised care planning and self care - Department of Health (February 2011)**

17. **Improving care for people with long term conditions - Personalised care planning - Department of Health (February 2011)**

18. **O'Flynn N, Staniszewska S. Improving the experience if care for people using NHS services: summary of NICE guidance. BMJ 2012;344:41-44**

19. **Patient experience in adult NHS services: improving the experience of care for people using adult NHS services - NICE Clinical Guideline 138 (February 2012)**
[http://guidance.nice.org.uk/cg138]

20. **Public Attitudes to Self Care – Baseline Survey – Department of Health (February 2005)**

21. **Senna M, Machaly S. Does Maintained Spinal Manipulation Therapy for Chronic Nonspecific Low Back Pain Result in Better Long-Term Outcome. Spine 2011;36-18:1427-1437**

22. **Shared decision making – A summary of learning from the event – A Royal College of Physicians event developed in partnership with The Health Foundation and The King's Fund (November 2011)**

23. **Supporting people with long term conditions to self care - A guide to developing local strategies and good practice - Department of Health (February 2006)**
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4130725]

24. **Supporting people with long term conditions to self care – Commissioning Personalised Care Planning - Department of Health (January 2009)**
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093354]

25. **The Salzburg Statement on Shared Decision Making – Salzburg Global Seminar (December 2010)**

26. **Wagner Chronic Care Model (via The Health Foundation)**

The Royal College of
Chiropractors

Publication Date: November 2012

The Royal College of Chiropractors
Chiltern House
45 Station Road
Henley on Thames
Oxfordshire
RG9 1AT, UK

T: +44 (0)1491 340022
E: admin@rcc-uk.org
W: www.rcc-uk.org