

Integrating Care Workshop



13th July 2010
Morecambe Health Centre



Introduction

This workshop was organised by the Design in Practice team from ImaginationLancaster at Lancaster University, working with Coastal Medical Group, as part of an ongoing project examining how clinicians redesign services for and with their patients and other service providers.

The intention of the workshop was to help identify and strengthen connections across boundaries of care, by bringing practitioners and clinicians from primary care, social services and the third sector together to explore current models of care delivery in the local Morecambe area.

Integrated care was chosen as the focus of the workshop, as this is consistently emphasised in Department of Health and government policy, as offering the potential to improve coordination of care for patients, supporting people to remain healthy and avoid crises, while offering greater value for money. Looking to the future, the workshop offered participants the opportunity to envision how they might progress the idea of integrated care, imagining the impact of new roles, places or collaborations.

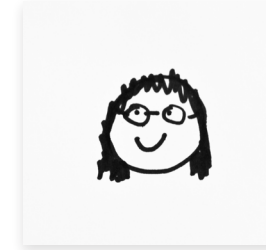
Participants



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Senior Health Trainer



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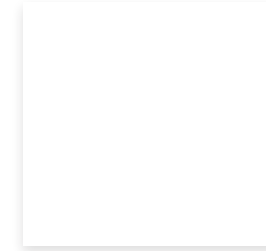
Sue Edwards
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Provide advice, information and support



Valerie Carr
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Talk to people, research, observe



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Health Trainer



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Professor of Design Management,
Research into socially responsible design

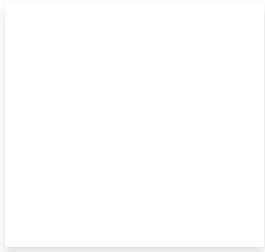


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Liaison point within practice for patients and reception team



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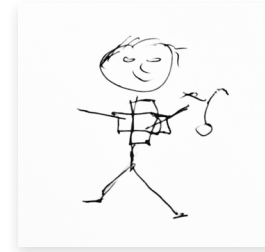
Participants



Alex Gaw
[Coastal Medical Group](#)
.....
Not present



Alona Kerr
[Coastal Medical Group](#)
.....
District nurse – visiting patients in their homes.



Andy Maddox
[Coastal Medical Group](#)
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GP, Look after patient health and now commission services for them



Jane Hornby
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Community Nurse.
Health care checks;
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Doctoral researcher
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Audrey Potter
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and practice team.



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Participants



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Research social issues around aging. Develop community projects



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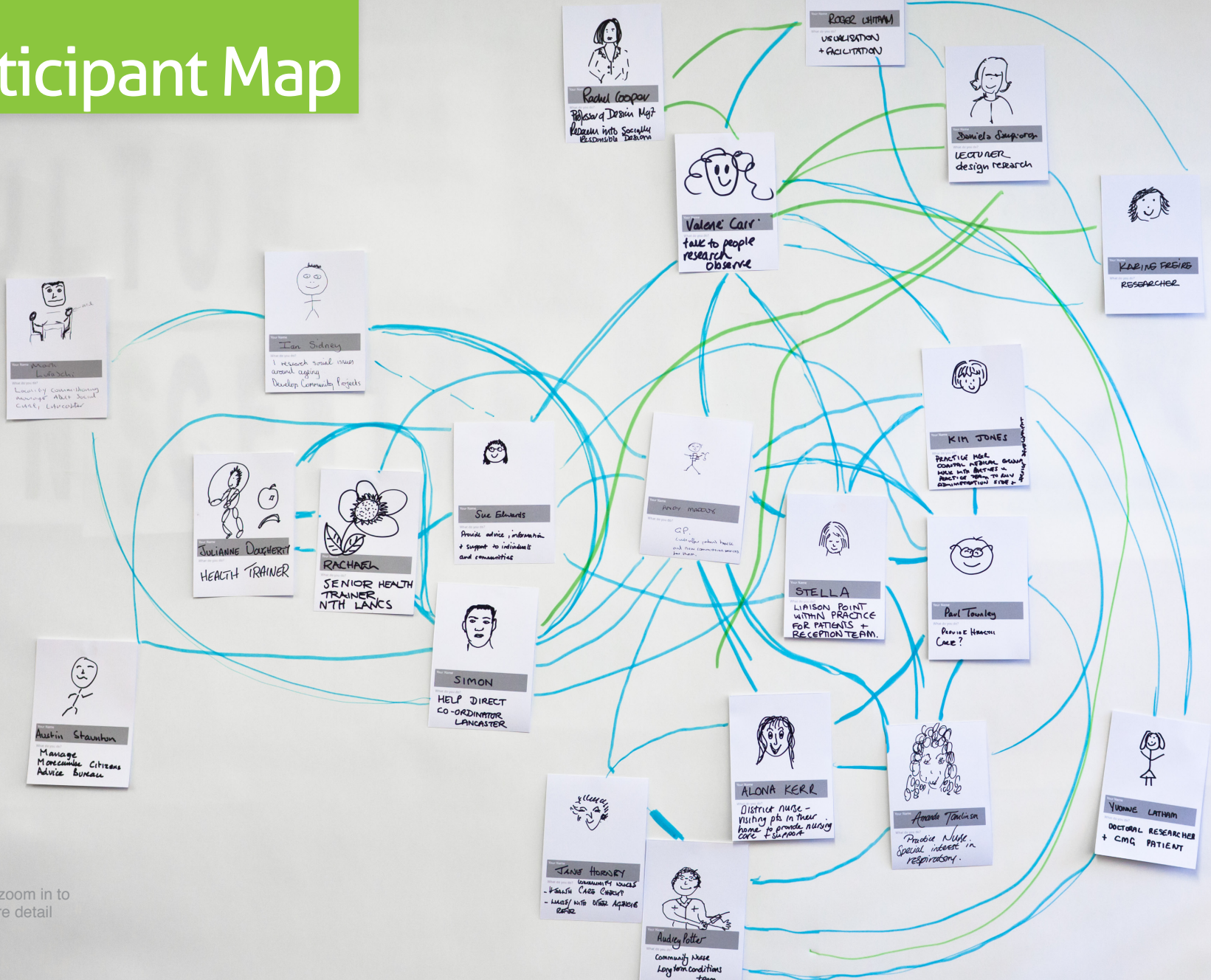
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Visualisation and facilitation



Amanda Tomlinson
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Practice Nurse. Special interest in respiratory

Participant Map



 Please zoom in to see more detail

Activity 1 Integrated Care as it stands

'Starting from three patient profiles and experiences what is the best care we can offer given the expertise and resources we have in place now? What are the barriers to make it happen now?'

Groups were formed around three key profiles of patients representing three main age groups. People in the groups were asked to suggest, starting from the patient situation, what care they, as individual organisations, could provide. After filling each individual contribution, existing links among organisations and services were identified together with barriers for integration of care.

All the groups clearly visualised in their maps the complexity of care assessment, ranging from housing, benefits, family and work situations to lifestyle, social isolation, mental health, diet, special treatments, etc. As an effect of this complexity, care has been described as provided in a discontinuous and disconnected way from both the patient and the staff perspective. Barriers mentioned were: lack of communication, of time, of feedback on care journeys and little understanding of each other's activities and potential contributions to the patient.

Jack, 12

Has asthma and eczema.
Frequent attender at A&E

Lives with mum and younger half-sister in poor quality, two bedroom, privately rented flat in West End of Morecambe

His mum is due to have a new baby next month and is concerned about what may happen to the children if she has to have a c-section as she did last time, as she has no family in the area to help.

Claire, 36

Is obese and has developed type 2 diabetes, currently controlled by diet. She also suffers from low level depression and anxiety.

Lives with partner and three children (ages 14, 11 and 7) in Poulton area

Works part time in Morrisons

Recently collapsed at work and is now very upset at the thought she might have to take insulin for the rest of her life.

John, 82

Has COPD, CHD and leg ulcers.

Has recently been discharged from hospital after having a pace-maker fitted.

He is a widower and lives alone in a bungalow out at Overton.

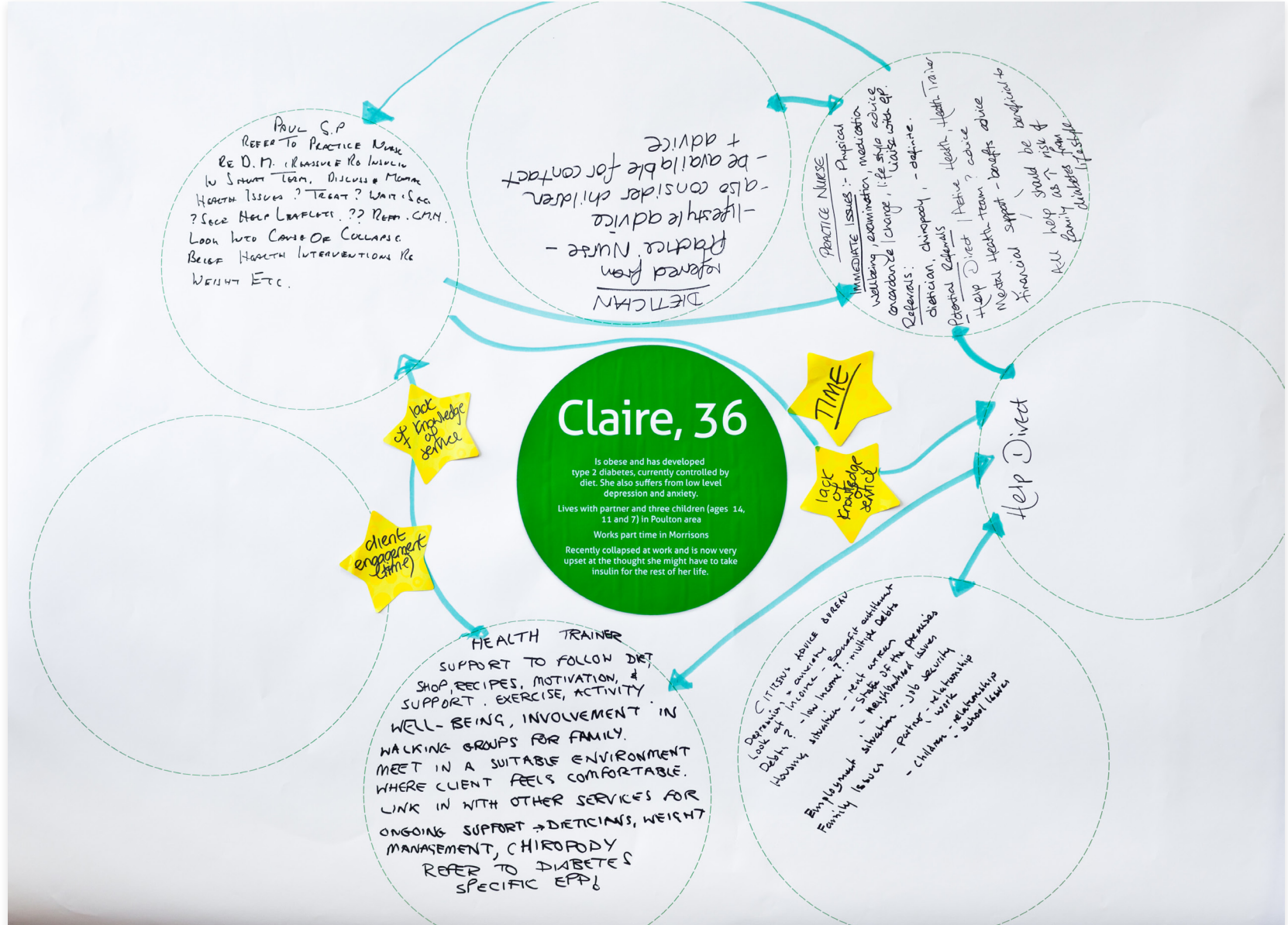
His son lives in Lancaster and checks in on him every other day.

The son wants to know whether it is possible to talk with one person about all the different aspects of his dad's health and social care.

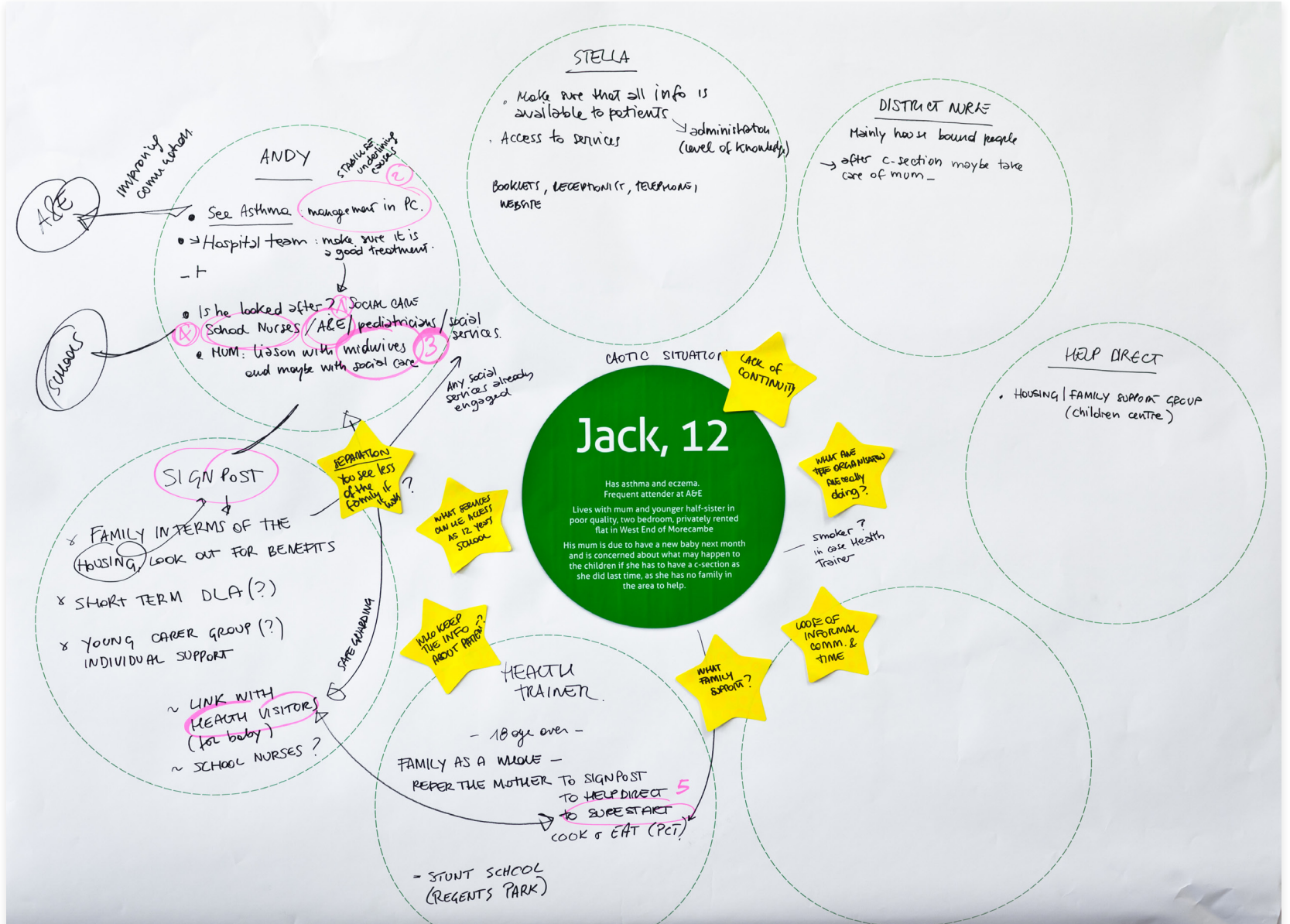
Activity 1



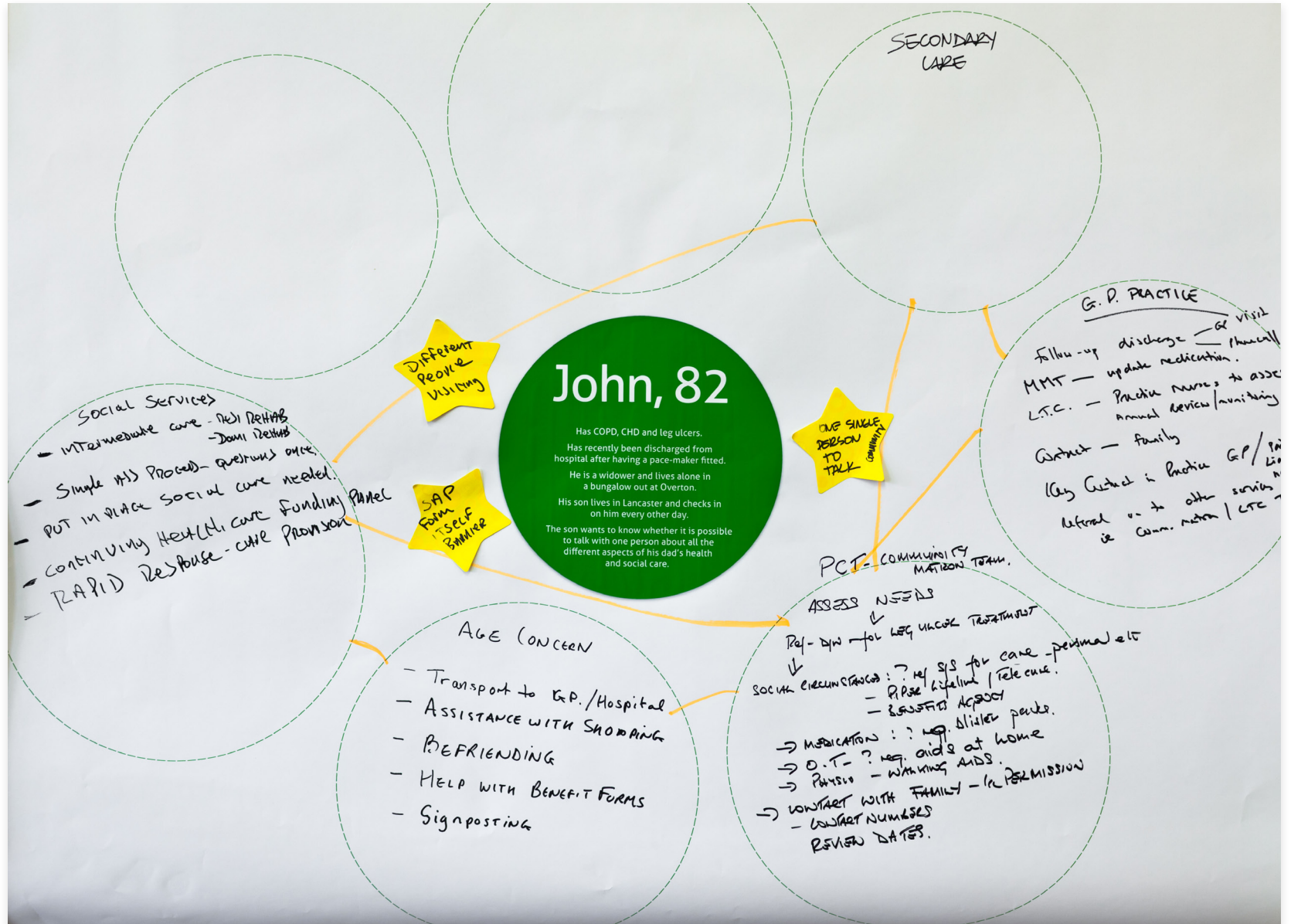
Activity 1



Activity 1



Activity 1



Activity 2 Integrating Ideas

'If you would be able to spend some vouchers for new technologies, new professional roles, a new space or new processes how would you overcome the barriers to collaboration? What services would you provide?'

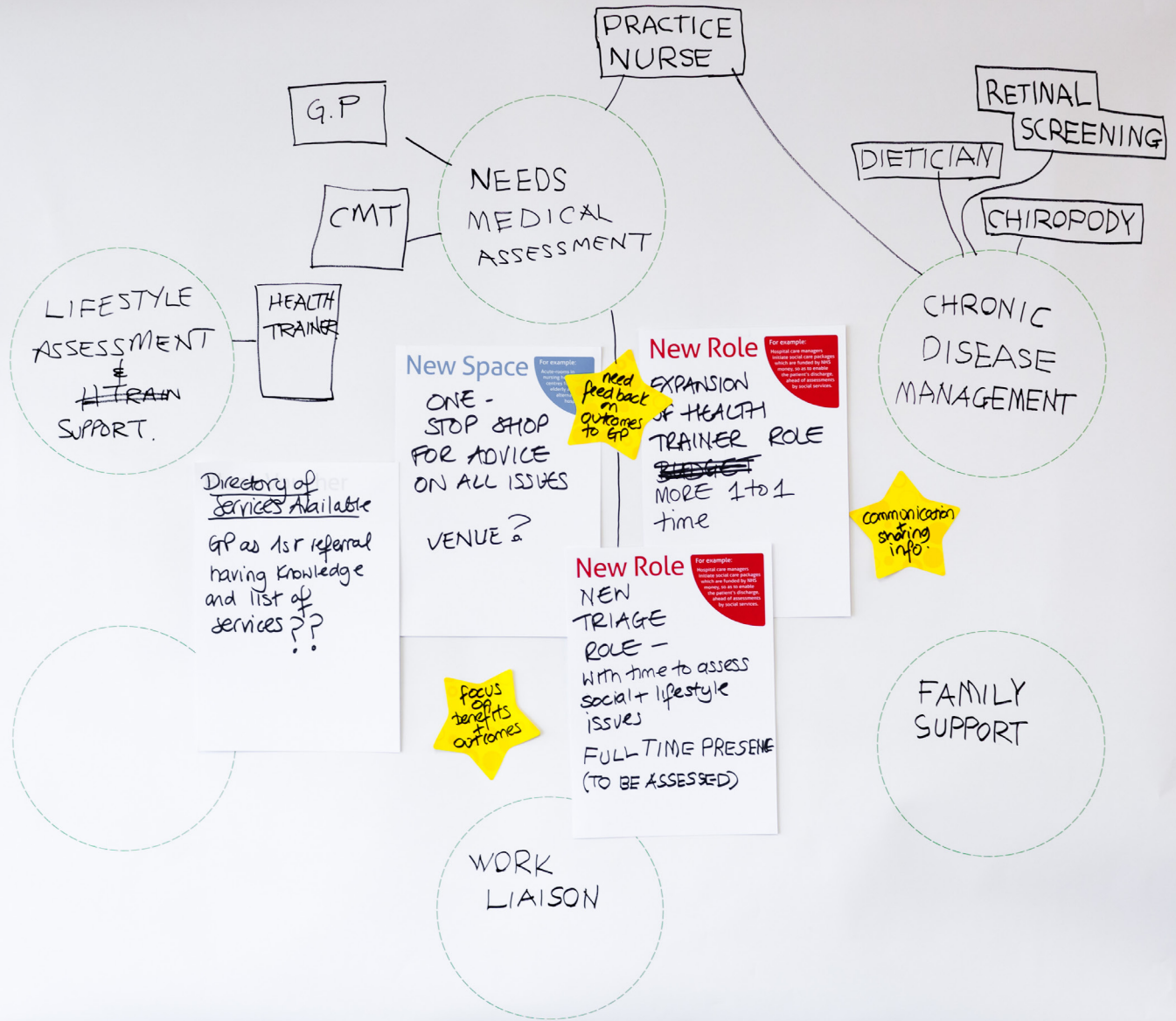
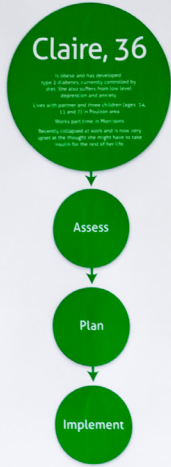
In the second activity each group was asked to move from thinking of what they could offer as individual organisations, to what patients really needed for their support. They were asked to imagine themselves as a working team to assess, plan and implement care based on the patient profile they were given. Each group identified key patients' needs, imagined what kind of services could be provided for each of the needs and which vouchers could be spent to set up the new ideal system.

The three groups worked around three main ideas:

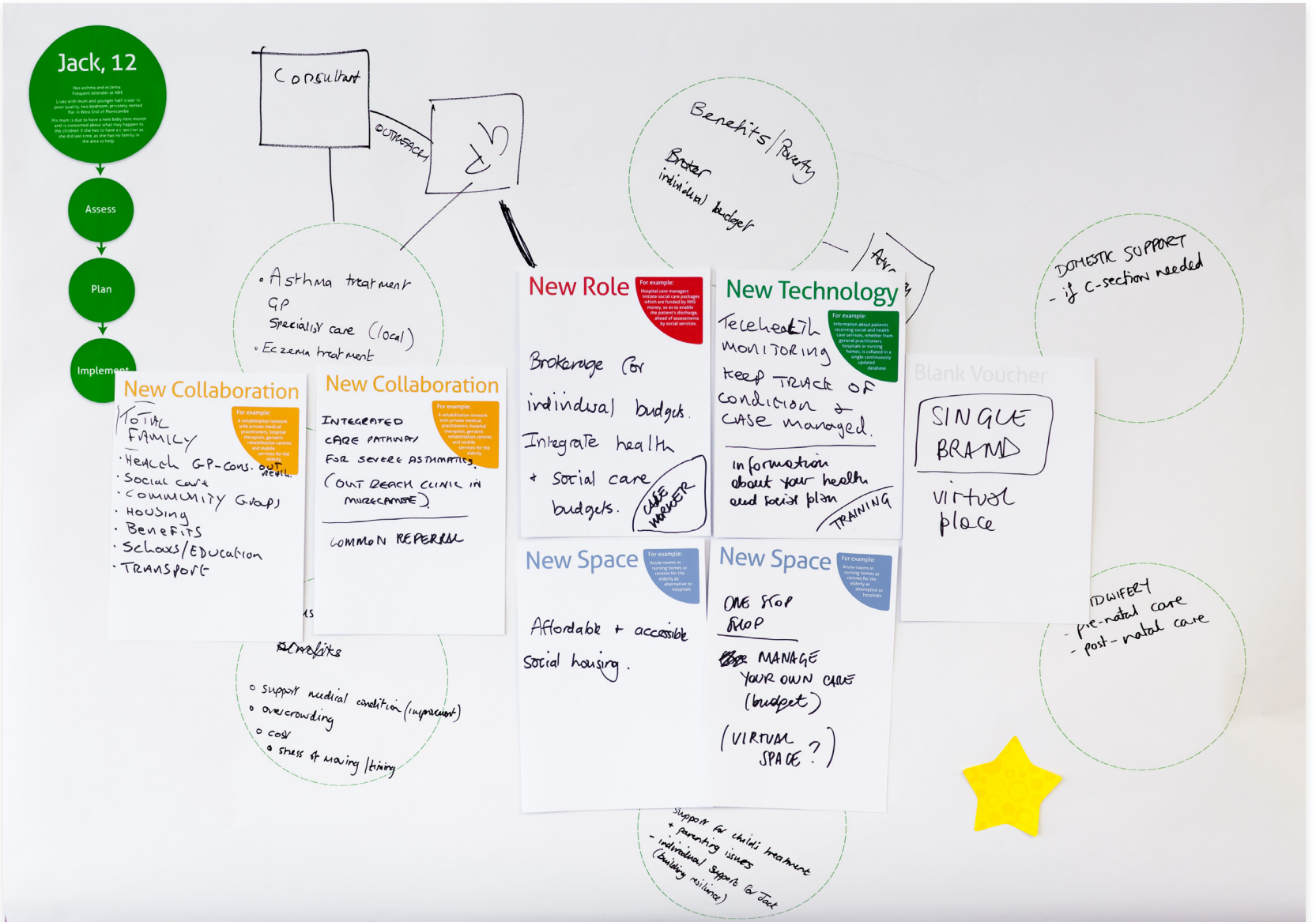
- 1 'one stop shop' for general advice with new triage and health care roles
- 2 individual health & social care budgets supported by a virtual care broker platform and common referral system
- 3 individual iPad for health and social care information, supported by a new role, a 'wellbeing coordinator'



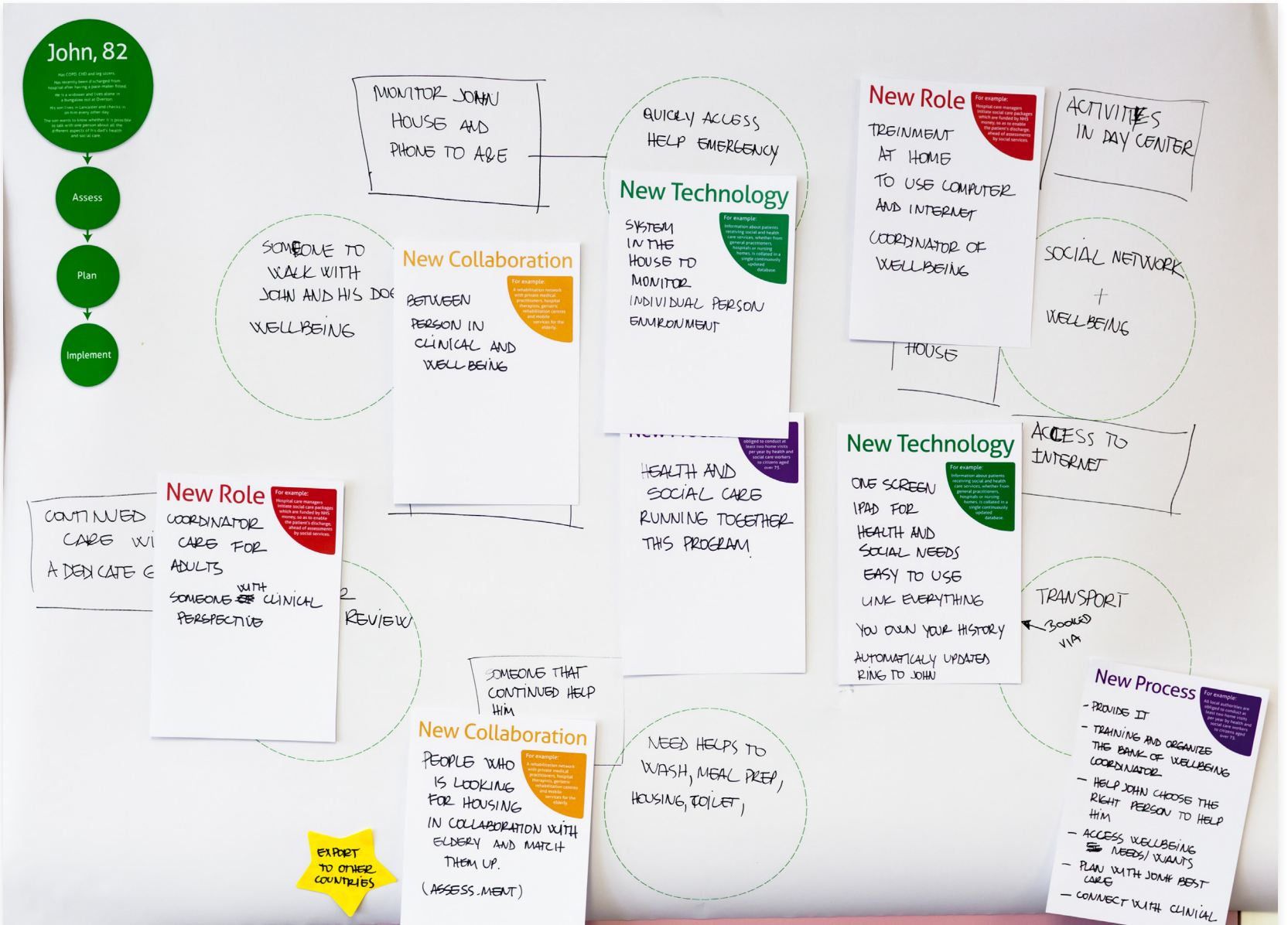
Activity 2



Activity 2



Activity 2

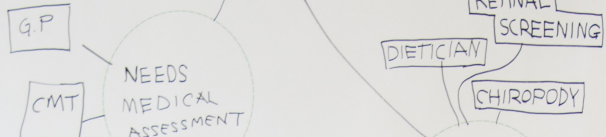


Activity 2



Activity 2

Claire, 36
Assess
Plan
Implement



Assess
Plan
Implement

Benefits/Priority
Better individual budget

New Role
Brokerage for individual budget
Integrate health + social care budgets.

New Technology
Telehealth monitoring
Keep track of condition + case managed
Information about your health and what plan

New Collaboration
Integrate care primary for severe asthma. (Out reach clinic in musgrave)
COMMON PAPERWORK

New Space
Affordable + accessible social housing.

New Space
ONE STOP SHOP
MANAGE YOUR OWN CARE (budget)
(VIRTUAL SPACES?)

Support for child insurance + parking issues - individual support for staff (working mothers)

New Role
EXPANSION OF HEALTH TRAINER ROLE
MORE 1to1 time

New Role
NEW TRIAGE

commissioning drafting roles

FAMILY SUPPORT

STELLA
Make sure that all info available to patients
ACCESS TO SERVICES
BOOKETS, RECEPTION WEBSITE

ANDY
See Asthma management in PC
Hospital team - make sure it is a good treatment
Is he looked after? SOCIAL CARE
School Nurses/A&E/pediatricians
NUM - liaison with midwives and maybe with social care

AGE
Improving communication

GN POST
TERMS OF THE FOR BENEFITS

Any social services outreach engaged?

RESEARCHER to see how often it comes up?



Conclusions

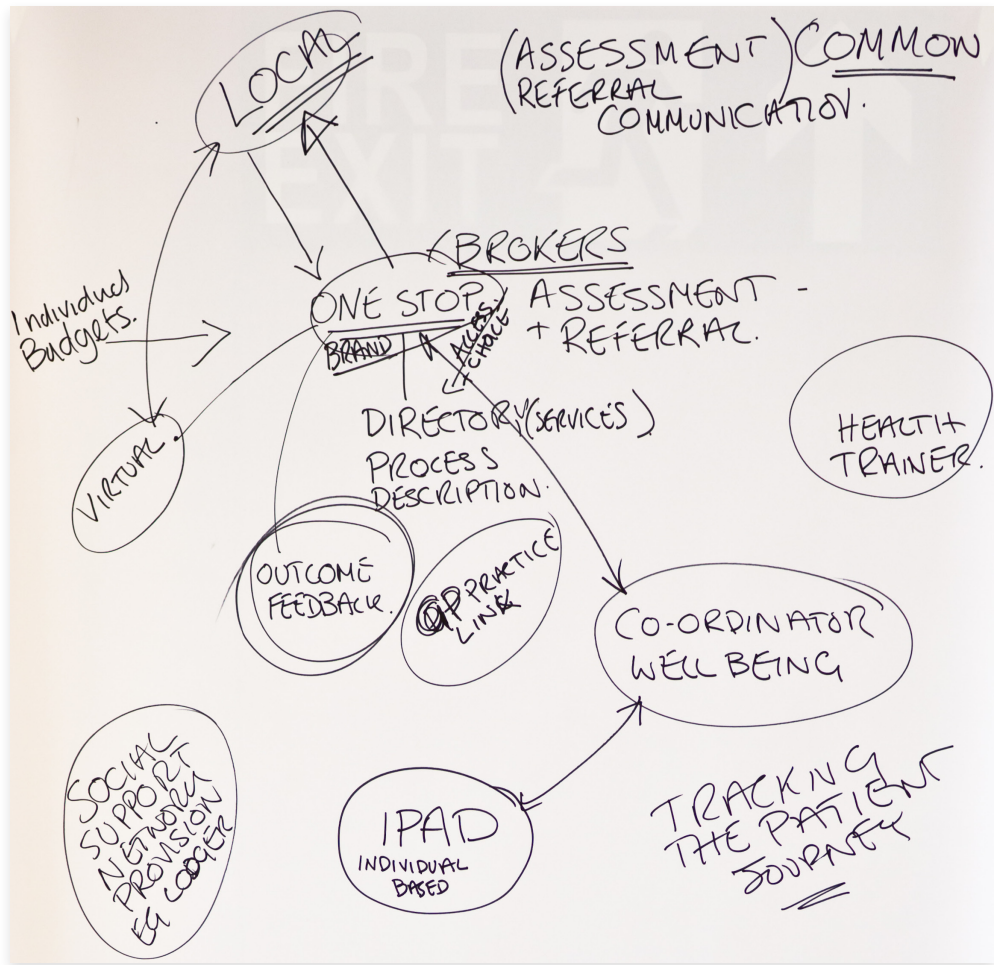
In three hours the workshop initiated a conversation around the future of integrated care. The picture that emerged from the activities and conversations is one of an extremely rich and varied, but partially disconnected, system of actors. Organisations seem to communicate and interact with each other via key, but weak, mediating nodes (such as GPs or Help Direct).

Key issues limiting integration of care seem to be:

- a limited understanding of each other's activities;
- limited time to assess peoples' health and social needs;
- lack of integration of information systems;
- limited tracking and feedback system of individual care journeys.

As a result of discussions and activities a strong vision for an individualised care design and management seem to emerge:

- Patients should be supported with the technology, training and personal care professionals ('wellbeing coordinators', 'new health care managers' or 'case worker') to create the best support system they need;
- Given the complexity of the system and the constant update of rules and possibilities, individual technological interfaces for both staff and patients have been suggested;
- Diffused but integrated 'one stop shops' could host different actors and their services and also have a virtual representation on line.



DESIGN OF
 • INFORMATION SYSTEM
 • BRANDING.

HELP DIRECT
 SOCIAL
 PRESCRIBING

COORDINATION

ISSUES

- DATA PROTECTION
- TIME - PROFESSIONAL
 - LACK OF KNOWLEDGE - SERVICES PERSPECTIVE
 - PATIENT-TIME - PATIENT PERSPECTIVE
 - CONTINUITY.
 - ACCESS TO SERVICE
 - SO MANY ORG/PEOPLE
 - INFORMATION/DATA OVERLOAD
 - COMMUNICATION.

Next Steps

One stop shop for Morecambe area?

In the final discussion Help Direct was suggested as an existing service offering the potential for guiding and coordinating care, but it is seen to still lack visibility and credibility from the patient perspective. Patients still focus on doctors and professionals and do not understand or value the role and potential of Help Direct.

A successful example of a one-stop hub is the StartNow! project in Fleetwood where different professionals and organisations (such as citizen advice, local solicitors, job centres, benefit advisers, health trainers etc.) provide their services within a Sure Start children's centre, although this is not linked with a provider of GP services. The main question raised was whether the best solution might be a single central physical place, where people would go, or a virtual platform connecting different people working in different locations closer to patient needs.

A single assessment process?

The need for a tracking and care management system was discussed. The existing Single Assessment Process has been suggested as a relevant tool to generate integration but, so far, the information systems of the different organisations are not set up to communicate with each other. Health trainers described their data collection and monitoring system, which is currently accessible only to the PCT and not to individual GP practices. Is there any solution that could reduce this fragmentation?



Design in Practice

Flexibility and change with healthcare service providers

About the project

The project aims to investigate how GP practices are currently engaging with the Practice Based Commissioning (PBC) framework, how they apply their situated knowledge to the design of new healthcare service models and facilities, and what creative design skills could support them in envisioning and commissioning new services.

It is funded through the Health and Care Infrastructure and Research Innovation Centre (HaCIRIC), an inter-university collaboration, focusing on the underlying built and technical infrastructure for health and social care, and the interaction between this infrastructure and change and innovation in care services.

ImaginationLancaster

ImaginationLancaster is an open and exploratory research lab that investigates emerging issues, technologies and practices to advance knowledge and develop solutions that contribute to the common good.

We work with other disciplines and sectors to address complex contemporary challenges and opportunities, such as climate change, urban density and housing for all, an increasingly ageing society, education for the knowledge society, inequalities in wealth within and across countries and continents, the risk of infectious disease, and rapid technological change.



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