



Royal College
of Physicians

Setting higher standards

Integrated care

– what physicians need to know about
implementing the NHS Long Term Plan



This practical guide will help physicians understand and take part in the integration of health and care. It describes the structural changes in England outlined in the **NHS Long Term Plan**, and explains how you can influence your local integrated care system.

Much of this information relates to specific legislative changes happening in England. However, the best practice and case studies should help physicians everywhere who want practical advice on how best to approach delivering more integrated health and care.

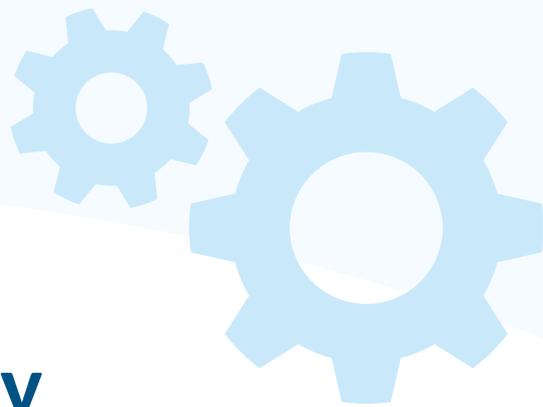


Integrated care – the way forward

The rollout of integrated care systems (ICSs) across England is an excellent opportunity for physicians to play an active role in designing services that work better for patients. It will require innovative thinking and collaborative working – beyond the networks within which many physicians traditionally operate.

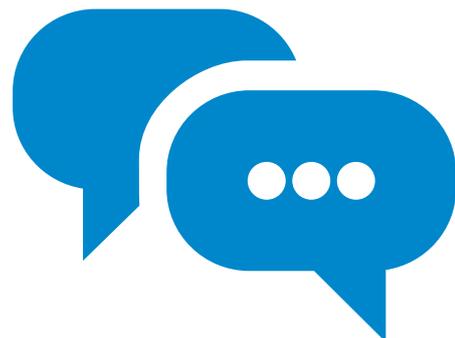
We hope this guide provides food for thought on the steps you can take. It is designed as a primer for those who want to learn more about integration and become involved in their area. The resources listed contain more detail about particular aspects of integration, from person-centred care to outpatients.

In 2020 we will publish a document exploring the key principles of integrated care in more detail. It will revisit the **Future Hospital development sites** and consider what lessons can be learned from them. If you have an example of integrated health and care you would like us to showcase, please email policy@rcplondon.ac.uk



Executive summary

- > Integrated care is seamless, coordinated and locally designed care that puts patients at the centre of service organisation. It considers their needs in a holistic way, and develops high-quality services that meet those needs in settings that are accessible and convenient for patients.
- > There is rightly a renewed political focus on integration. In an ageing society where multiple health conditions are becoming the norm, more joined-up healthcare is essential. This should lead to better outcomes and an improved experience for patients.
- > The NHS Long Term Plan outlines the government's commitment to prioritising more integrated care. Chiefly this will be through the rollout of ICSs, which will cover all of England by 2021.
- > It is important that physicians influence the development of ICSs in their local area, as there will be no national blueprint. Each ICS will define its own priorities and how it operates, so it is vital physicians are involved from the start.
- > Physicians can benefit from learning the lessons of 'good integration' and top tips from those at the forefront of integrating services.



What is integrated care and why do we need it?

Our basic purposes are to unite the National Health Service and to integrate its separate services locally.'

Baroness Serota, Minister of State,
Department of Health and
Social Security, 1970.

Concern about the fragmentation of the delivery of healthcare is nothing new. And, as Baroness Serota highlighted almost 50 years ago, neither are efforts to restructure the NHS to make care more integrated.

Patient experience and outcomes will be better in a system where health and care is more joined up. Gaps in care and poor coordination can lead to patients falling through the cracks. This means steps must be taken to connect primary and secondary care, public and population health, the voluntary sector, social care and mental health in particular communities.

This is all the more urgent given the UK has an ageing population with multiple health conditions and complex needs. Integrated care is something that physicians have been grappling with for decades, and the government has recognised and made a key element of the NHS Long Term Plan.

Integration in practice

Cardiff and Vale Frequent Emergency Attender Service



A multidisciplinary panel of 28 organisations (including housing, police, social services and older people's charities among others) meets monthly to discuss patients attending A&E more than four times a month. Information sharing is often the key.

All participants stay for the whole session, and the wide range of perspectives generate unexpected insights. The original fear was the organisations were already overworked and the service would create extra pressures, but it became clear that those attending usually already knew the patients involved and so the service simply joined up their responses.

Since the beginning of the project, 160 patient plans have been drawn up, and this has led to 84% of these patients no longer attending A&E frequently. The project has resulted in reduced cost, reduced length of stay and fewer attendances – and patients say that they feel empowered in a way they haven't in the past.

The project started as a way to stop patients coming into A&E, but it has also made a difference to their lives and to their healthcare, putting them at the very centre of the emergency health and social care system.

The NHS Long Term Plan and the vital role of ICSs

The NHS Long Term Plan (LTP) was published in 2019 and promised an additional £4.5 billion in funding to expand primary and community care services. Local health systems have received 5-year financial allocations and are expected to produce a plan for how they will use this funding.

The plans must include how they will integrate their services. Key to this will be ICSs, which will be in place across England by 2021. The Royal College of Physicians (RCP) supports the ICS model as an important and welcome effort to deliver more integrated care.

Other key points from the NHS Long Term Plan

As well as ICSs, the LTP set out a number of other developments relating to integration that are worth noting:

- Community multidisciplinary teams and multidisciplinary clinical assessment services are being embedded in NHS 111 to reduce emergency pressure. This will require rapid crisis responses (within hours) or reablement (within 2 days), closer joint working with ambulance services and wider provision of urgent care centres.
- The introduction of Primary Care Networks (PCNs) will mean all GP practices will be part of a network of 30,000–50,000 patients. They will use integrated community-based teams and aim to provide proactive care for those patients with the most complex needs.
- Digital transformation of outpatient services aims to cut back on face-to-face outpatient visits by a third. The redesign also aims to enhance the way patients can access data, especially through the **NHS app**.
- Expanding the use of same-day discharge from emergency care. Such ambulatory approaches and acute care models tailored to older people have been promoted by the Society for Acute Medicine and feature in the **RCP acute care toolkits** and **Future Hospital Programme**.

- Helping people to self-manage, catching deterioration early and having more support before conditions escalate. We know from the **2017 National Voices report** that, although there are some excellent pockets of person-centred care and attempts to improve it, its implementation is still patchy. This is especially the case for those living with multiple long-term conditions, frailty or dementia, or with co-existing physical and mental health problems.

Integration in practice

Specialist diabetes care in the community

When diabetes specialists went out to meet patients in the community in Sandwell and West Birmingham CCG, an area with a high prevalence of diabetes and social deprivation, there was a reduction in the total number of hospital admissions relating to diabetes by 105, and a cost saving of £186,385.

The DiCE programme (Diabetes in Community Extension) offered joint diabetes clinics for high-risk patients in GP practices rather than hospital-based care. It provided advice and management plans from a team of consultants and diabetes specialist nurses. Healthcare staff were also given the chance to learn from each other, for example GPs and consultants sitting in on each other's consultations.



What are ICSs?

Previous organisational attempts to deliver integration have included Accountable Care Organisations (ACOs) and Integrated Care Partnerships (ICPs). More information is provided in the glossary at the end of this document.

ICSs evolved from sustainability and transformation partnerships (STPs). Comprised of organisations including local councils, acute trusts and clinical commissioning groups (CCGs), they will be locally led with no national blueprint.

Covering populations of around 1–3 million people, they will take collective responsibility for resources – such as funding, workforce and estates – and public health. Each ICS will submit a collective operational plan to NHS England and NHS Improvement, rather than separate organisational plans, and share a financial target.

As of mid-2019, 14 areas are currently working towards ICSs. Greater Manchester and Surrey Heartlands are the first ICSs in England to have devolved responsibility for health and social care from NHS England.

By 2021 it is planned that all of England will be covered by ICSs. Five-year local plans will inform the priorities for each ICS – the first of these will be developed by autumn 2019.

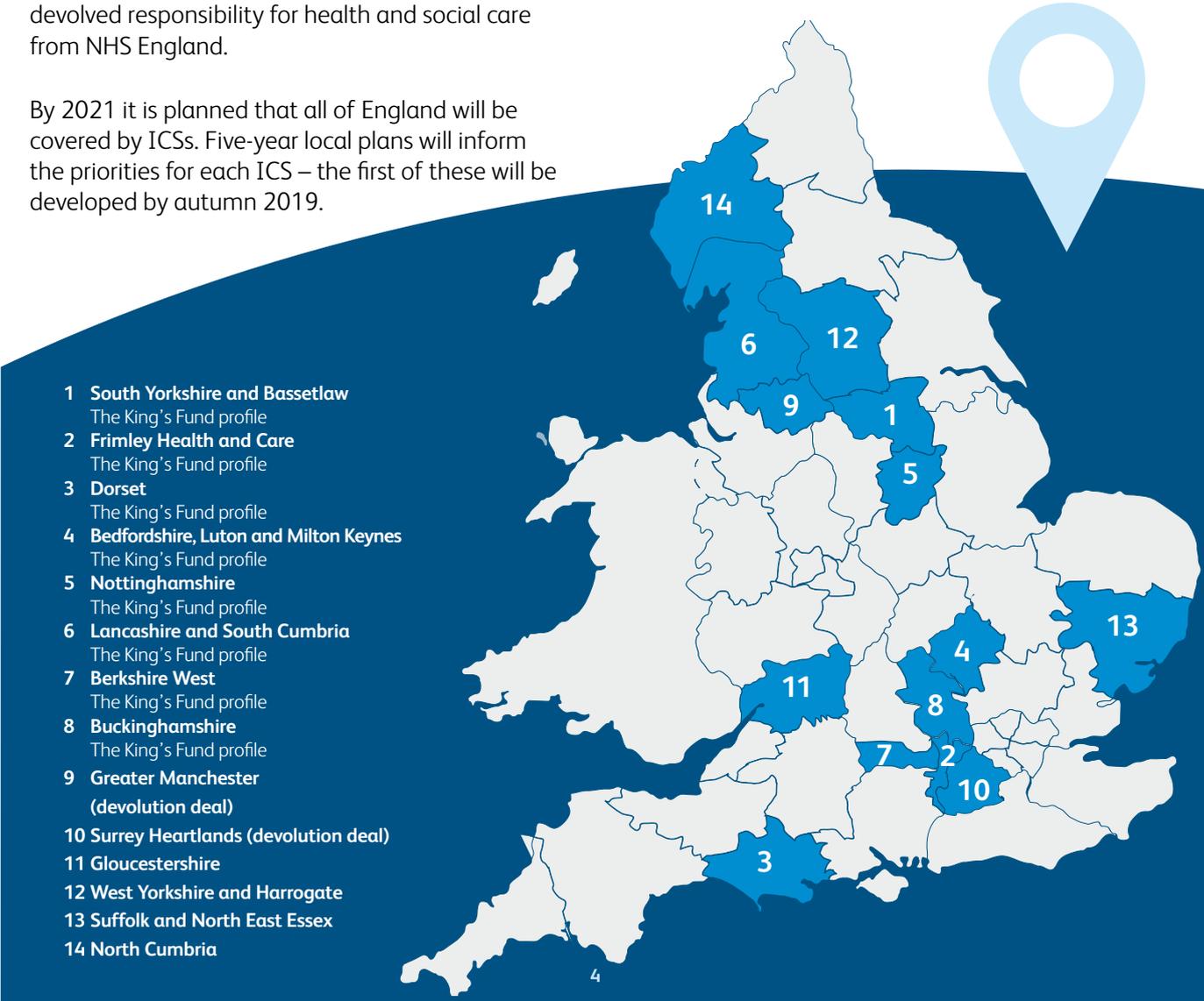
Influencing local plans

As your local ICS 5-year plan is bound to affect your own service and role within it, the more you can find out and influence its development the better. The best way to find out about your ICS and how to be involved is to speak to your local clinical and other NHS leaders.

Taken from the **NHS England website**, the map below shows the 14 areas currently working towards ICSs. You can find out what changes are planned for each of the areas by clicking on the links below.

All of England will be covered by an ICS by 2021. If your ICS hasn't been established yet, you have an even greater opportunity to influence integration.

Again the best plan is to contact your local clinical and other NHS leaders to find out how to be involved. Contact details are also available for all 42 sustainability and transformation partnerships (which will evolve into ICSs) via the **NHS England website**.

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- 1 **South Yorkshire and Bassetlaw**
The King's Fund profile
 - 2 **Frimley Health and Care**
The King's Fund profile
 - 3 **Dorset**
The King's Fund profile
 - 4 **Bedfordshire, Luton and Milton Keynes**
The King's Fund profile
 - 5 **Nottinghamshire**
The King's Fund profile
 - 6 **Lancashire and South Cumbria**
The King's Fund profile
 - 7 **Berkshire West**
The King's Fund profile
 - 8 **Buckinghamshire**
The King's Fund profile
 - 9 **Greater Manchester**
(devolution deal)
 - 10 **Surrey Heartlands** (devolution deal)
 - 11 **Gloucestershire**
 - 12 **West Yorkshire and Harrogate**
 - 13 **Suffolk and North East Essex**
 - 14 **North Cumbria**

Other ways to be involved with integration

For those physicians involved in larger specialties such as geriatrics, it is likely your involvement in integration will be at the system level. This will mainly be through Integrated Care Partnerships or the new Primary Care Networks. It is important that physicians become involved at this system level, because it is only by getting this system change right that pathway redesign will be successful.

1. Integrated Care Partnerships

ICPs are collaborative networks of NHS providers working together to deliver care by agreeing to collaborate rather than compete. Typically covering 250,000–500,000 people, these providers include hospitals, community services, mental health services and GPs. Social care, local commissioners and authorities, and independent and third sector providers may also be involved.

2. Primary Care Networks

A key part of the NHS Long Term Plan, Primary Care Networks (PCNs) mean all GP practices will be part of a network of 30,000–50,000 patients.

They will use integrated community-based teams and aim to provide proactive care for those patients with the most complex needs. By April 2020, they will deliver services including structured medication reviews, personalised care and supporting early cancer diagnosis.

By 2021 they will be responsible for discovering cardiovascular disease in patients and addressing health inequalities in the local population.

Future Hospital development sites

In 2012 the RCP established the Future Hospital Commission (FHC) to address growing concerns about the standard of care seen in hospitals. To begin to put the principles of the FHC into practice, the RCP selected four centres focused on implementing successful models of integrated care. Take a look at what they achieved in only 12 months:



- > **Integrated respiratory care for long term respiratory conditions** in Sandwell and West Birmingham
- > **Paediatric Allergy Network** in the north west
- > **Fully integrated local hubs for frail, older people** in north-west Surrey
- > **Joined up care for respiratory patients** in central and south Manchester.

A follow-up report on the latest progress and learning from the Future Hospital development sites will be published in the future, and will contain more advice. We will also publish a toolkit on planning and delivering integrated care developed by the Oxford Integrated Diabetes team during the Future Hospital Programme, and applicable to all clinical specialties.

Examples from the frontline

1. Involving patients and driving innovation



Dr Binita Kane is a consultant respiratory physician at Manchester University Foundation Trust. Between 2015 and 2017 she led the Manchester Respiratory Future Hospital development site, supported by the RCP.

‘It wasn’t until I started talking to patients (really talking to them) and sitting around a table with ordinary folk, that I started to understand what is important to people living with a long-term conditions – and it was different to my own perceptions.

It dawned on me that our services had been set up around the needs of organisations, or where a building happened to be placed, rather than around the needs of patients.

Perhaps one of the most positive changes I have seen in the last 2 years, is that we are now working together with patients, commissioners, public health, primary care and Right Care to develop intelligent KPIs (key performance indicators) designed to drive improvement in the health of the population.’

2. The power of proximity



Dr David Fluck is a cardiologist and medical director at Ashford and St Peter’s Hospitals NHS Foundation Trust. He was involved with integration at Surrey Heartlands ICS.

‘In my clinical life as an interventional cardiologist, I have spent a great deal of my career developing services to meet the needs of patients, both when they experience a heart attack, and also in prevention as a health intervention (such as blood pressure, cholesterol, smoking cessation).

It was only when I spent time at the ICS level in Surrey, in parts of the system I had not engaged with before, that I began to understand the wider determinants of health, and the importance of neighbourhoods and communities. The work that was going on was impressive and brought home what a small contribution the acute health service was making to overall health and wellbeing.

Proximity is important for integration – spending time with the people in the system leads to greater understanding and more ideas of how to improve the health and wellbeing of the population.’

Integration in practice

Reviewing medication in care homes



A multidisciplinary team (including pharmacists and GPs) visited care homes in Northumbria NHS Trust to review the medication prescribed to their residents. They worked with residents, their families and care home staff to make sure residents were only prescribed the medicine they really needed.

Care homes that took part in the project reduced the amount of medication prescribed to residents by 17%. Nurses saved time administering medication, meaning they could spend an extra hour a day focused on caring for residents. For every pound invested in the review project, £2.38 has been saved in medication costs.

(Source: The Health Foundation, health.org.uk/pills)

Troubleshooting integration

We spoke to some of the people closely involved in developing innovative models of integrated care, including within sustainability and transformation partnerships and the Future Hospital Programme.

Here are their top practical tips for how to make a success of integration and overcome the significant challenges.

1. Build relationships

This takes time, so don't try to rush it. Most healthcare staff tend to work within their own area and may not interact often with others outside it in a professional context. Making a space for people to come together and chat over coffee can make a big difference. Don't ignore history, talk through things, but also don't be afraid for meetings to be facilitated by professionals who will keep things moving.

2. Involve everyone (and listen to them)

Invite everyone relevant into the room, from patients to receptionists to consultants. Find a shared purpose and make sure everyone is engaged. Everyone's opinion should count equally; a flat hierarchy will mean many more diverse opinions and ideas are heard. Creativity should be encouraged.

3. Understand the problem

Data is your friend. Track the care pathway from start to finish. Make sure everyone in the room has a full picture of information, to make integration a success, you should be talking to people with very different perspectives on the problem. For example, police officers may have no idea what happens to people in mental health crises after they enter A&E, and emergency care staff may not know the details of police work in the community before arriving at A&E.

4. Be prepared to fail

Not everything will work first time, so be prepared to test ideas before implementing them fully, and be prepared to fail. Make your failures productive, learn from them and improve.

5. Share your findings

One good idea should lead to another. Share what you are doing so others can adopt and adapt it in their own communities. Likewise, listen when other people share their experience of integration and think whether it could be useful to you.



Where does the RCP fit in?

The RCP plays a crucial role in supporting the delivery of an integrated person-centred approach to health. Many of our members and fellows have key local leadership positions that allow them to influence the development of integrated care in their area. The RCP draws on the vital perspective and involvement of its Patient and Carer Network to influence and inform conversations around integration and person-centred care.

The RCP is also represented on important advisory groups, such as NHS Assembly and the People Plan advisory group, where we can shape the development of key government policy.

On the ground, we use the expertise of our members to develop practical solutions for delivering more integrated care. We are involved in **GIRFT** (Getting It Right First Time), an NHS Improvement programme that aims to improve the quality of care within the NHS by reducing unwarranted variations. Our pioneering report on the **future of outpatients** also outlines a number of steps to facilitate providers and clinicians to provide new models of care delivery.



Useful resources

RCP resources

- > Top tips: person-centred care (2018)
- > Implementing integrated diabetes care in Oxfordshire (2017)
- > Talking about dying (2018)
- > Future Hospital Programme (2016)
- > Hiding in plain sight: Treating tobacco dependency in the NHS (2018)
- > Outpatients: the future – adding value through sustainability (2018)
- > Acute care toolkits
- > Guidance on using apps in clinical guidance (2015)

Other resources

- > NHS England – integrated care case studies
- > NHS England – local STPs
- > The King's Fund – ICSs in England: site profiles

Glossary



- ACO** **Accountable Care Organisation**
The previous name for ICPs
- ACS** **Accountable Care System**
The previous name for ICSs
- CCG** **Clinical commissioning group**
An organisation that decides what services are needed for the local population in the area they are responsible for and ensures the services are provided.
- ICP** **Integrated Care Partnership**
Collaborative networks of NHS providers working together to deliver care by agreeing to collaborate rather than compete. These providers include hospitals, community services, mental health services and GPs. Social care and independent and third sector providers may also be involved.
- ICP** **Integrated Care Provider** (formerly known as Accountable Care Organisation)
A means of delivering care where a single organisation is awarded the contract to deliver services. The rationale for this is to enable GPs to lead the development of integrated care. They are controversial because the contract could involve a bigger role for private companies if they decide to enter the market.
- ICS** **Integrated Care System** (formerly known as Accountable Care Systems)
An advanced version of an STP. By 2021 all STPs will become ICSs. Organisations within ICSs, such as local councils and acute trusts and CCGs, take collective responsibility for resources (such as funding, workforce, estates, and others) and public health. ICSs submit a collective operational plan to NHS England and NHS Improvement rather than separate organisational plans, and share a financial target. The development of ICSs is locally led, and there is no national blueprint so the systems vary widely in their size and complexity.
- NHS England** **A public body of the Department of Health and Social Care** that oversees budget, planning, delivery and day-to-day operation of the commissioning of NHS services in England.
- PCN** **Primary Care Network**
A network of GP practices typically serving communities of around 30,000 to 50,000 patients. All GPs are expected to form or become part of a PCN by June 2019 according to the LTP. They are expected to be the building blocks around which ICSs are built.
- STP** **Sustainability and transformation partnerships**
(originally called sustainability and transformation plans)
A partnership between NHS organisations and local councils to improve health and care. They are made up of all the trusts, CCGs and councils in their constituent area. STPs cover all of England; there are 42 in total. A number of STPs have already developed into Integrated Care Systems, and by 2021 every STP will become an ICS.

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