Joint statement on integrated care

People should be equal partners in their care. Teams from across the health and social care system should work together to deliver joined-up care, coordinated around people’s physical, psychological and social needs.

Supported by:

ACADEMY OF MEDICAL ROYAL COLLEGES
Our values

We want a health and care system in which:
1. everyone is supported to lead a healthier life
2. people’s basic care needs are always met
3. people’s experience of care is valued
4. people:
   > know who is responsible for their care
   > are actively involved in decisions about their care, and their families and carers are supported as partners in care
   > are supported to self-care and self-manage
   > have timely access to safe, appropriate and effective care, 7 days a week
   > receive coordinated services tailored to their needs and preferences
   > receive care in settings that best meet their medical and support needs
   > have an individual care plan focused on recovery or wishes at end of life
5. staff are supported to care, collaborate, improve and lead.

Our vision

Models of integrated care

Service design must focus on meeting people’s physical, psychological and social needs, and supporting health and care professionals to come together to deliver coordinated care in a range of settings. To achieve this, new models of care should focus on:

1. the needs of patients, service users and communities, rather than buildings
2. establishing joint management and delivery structures that promote coordinated delivery of safe, effective and high-quality health, mental health and social care services
3. facilitating the provision of services that better meet the complex needs of the growing number of people living with multiple morbidities
4. developing interprofessional leadership and teams that span services and settings, driven by shared, person-centred outcomes
5. deploying professionals in new ways that focus primarily on meeting patients’ needs, rather than the institutional setting.
Professional collaboration

All professionals have a duty to work collaboratively with patients, families, carers and other teams to deliver person-centred care that meets physical, psychological and social needs.

> Professionals should work together to:
  + support people to manage their conditions and live as independently as possible
  + deliver care in settings most appropriate for the patient or service user
  + ensure that people receive coordinated care if they need to move to a new care setting.

> All patients and service users should have a named professional responsible for coordinating their care.

> All patients and service users should have timely access to generalist as well as specialist diagnosis, treatment, care and support.

> Professionals should work across traditional organisational boundaries in order to coordinate care and meet people’s needs.

Our commitment

Working together at national level to promote person-centred care, integrated care and collaboration, we will:

> recognise integrated care as a priority
> embed the principles of this statement in all our work
> deliver specific projects focused on achieving integrated care.

Working with our memberships to promote integrated working in practice, we will:

> share and promote examples of good and innovative practice
> support our members to overcome barriers to integrated care
> identify local barriers to integrated working in order to inform and influence national policy.

Involving patients, carers and service users across the breadth of our work, we will:

> ensure that our activities and recommendations are patient centred
> work directly and meaningfully with patients, carers and service users
> review, share and learn from good practice in patient involvement.
Get involved

We are always interested to hear about new and innovative models of integrated care.

Email comments, suggestions and examples to: policy@rcplondon.ac.uk

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