

Collaborative care in Islington – building our house

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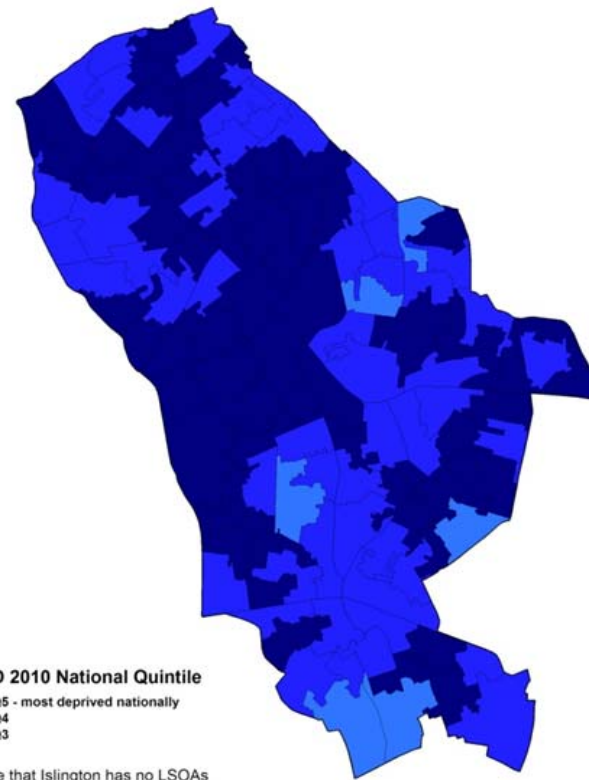
Where we've come from





Islington:

- 4th most deprived borough in London
- Huge health and social inequalities
- High prevalence of LTC
- High level of mental health problems
- Most densely populated borough in England
- 40% children living in poverty



IMD 2010 National Quintile

- Q5 - most deprived nationally
- Q4
- Q3

Note that Islington has no LSOAs which fall into either Q1 (the least deprived) or Q2 national quintiles.





Enhanced Recovery Pathway

Ethos embedded in some services

Care planning in longer appts & prior to MDT teleconference

Organisational processes

- Pulmonary Rehab
- Expert Patients Programme
- DESMOND/ HeLP Diabetes
- Co-Creating Health SMP & Reunions

Engaged, informed patient



HCP committed to partnership working

- Coaching for Health
- Supporting Lifestyle Behaviour Change
- Co-Creating Health ADP
- Year Of Care

Commissioning – The foundation

- Self Care Working Group
- Navigator Role- Age UK Islington
- Programmes to support healthcare professionals and patients
- Self Care CQUIN/ LCS/VBC
- Co-production workshops
- Measuring outcomes



Working Well

Patients

- 2967/3602 (82%) self management plans for people with COPD
- 3574/8500 (42%) YoC reviews for people with diabetes
- Wide range of offer eg Diabetes
- Recognition - Health Education NCEL award

Health and care Professionals

- Clinician satisfaction - advocates and change agents
- Further opportunities as Integrated Care Pioneer via Community Education Provider Network (CEPN)
- Recognition - Health Education NCEL award

System/Org processes

- Longer appointments enabling better conversations in primary care
- MSK chronic pain service; diabetes; respiratory team

Commissioning

- Patient involvement in the process
- Good collaborative working across the patch
- Move to integrate disease specific approach to generic LTC approach in 1ry care through LCS route

Working well- impact on clinicians:

"CCH has shown me that enabling patients to self-manage involves skills which do not come naturally to most clinicians. This is hard but vital and rewarding work and it is only now that I am seeing some of the long term benefits both in my job satisfaction and in the clinical outcomes."

GP:

"CCH has proved inspirational: it has spearheaded and embedded novel consultation processes, focusing on partnership and self-management, and amounting to a radical 'culture-shift' [...] I feel that the principles of CCH provide the most important opportunity for better patient care and cost effective quality improvement."

Consultant:



<http://www.youtube.com/watch?v=oO47p08nDh4&app=desktop>

Importance of getting
the language right

Takes time

Care planning
documentation

One size does not fit all

Teams rather than individuals
inter-professional learning
together

What
we have
learnt

Need for
flexibility of
delivery model

Senior leadership
from clinical
community

Ongoing support:
patients and clinicians
in new ways

Integrate with concurrent
initiatives



NHSE care planning template

Infrastructures/ IT systems do not support shared care and support plan

Pressure of TIME for good conversations

Organisational processes

Deprivation and low levels of activation

Peer support and "more than medicine"

Reaching people

1000's of people to reach

Engaged, informed patient



HCP committed to partnership working

"I'm already doing this" – "unknown unknown"

My job?

Capacity -TIME

Capacity -100's of clinicians to reach

Reinforcing new ways

Competency framework

patient safety connection

Commissioning – The foundation

Annual funding cycle challenging to providers

Building the house with ALL providers

Scaling up; building capacity

Fragmented commissioning system/tariffs

Must review what is already being done

Move from disease specific silos

Didn't develop outcome measures at the start

Workforce

1. What more can Royal Colleges/professional bodies do to support change of attitudes and skills needed?
2. How do we influence the paternalistic approach being part of the way people are taught and the culture maintained?

Engaged and informed patient

1. How can we develop a clear narrative of partnership working?
2. How do we create more bottom up demand?

Questions

Organisational process

1. What can you do to contribute to ensuring there is consistency in language?
2. What can you do to help shape the unplanned admissions DES care planning template?

Commissioning

1. What can you do to support system wide implementation of self management support in a fragmented commissioning system?
2. What can you do to support a shift from activity based contracting to one that incentivises good conversations?