INTEGRATED SERVICES – “THE HOLY GRAIL”
AREAS TO COVER

- What does “Integrated Services” mean?
- What can integrating services achieve?
- What works and what doesn’t?
- Are there wider implications than just service change?
In the future, the increasing numbers of frail older people and more patients with long-term conditions will mean we need to rethink where and how care is delivered.
Over the next 20 years the number of people in England aged 65-84 will grow by over a third and those over 85 will more than double.

- **2012**
  - People aged 65-84
  - People aged 85+

- **2032**
  - People aged 65-84
  - People aged 85+
Mrs Smith is a lady living at home alone. Last winter she had an exacerbation of her COPD.

She was so short of breath she found it hard to just get dressed or make breakfast! For a short time her daughter stayed home to care for her.

But her daughter couldn’t stay off work for long and at 8.30 on a Thursday morning she called the GP to ask for help.

The GP put her in touch with the district nurse, who put her in touch with a social worker, who then put her in touch with an OT.

She spent all day on the phone being told ‘you need this…’, ‘you need this…’, you need this…’.

Finally, at the end of the day she was sign-posted back to the district nurse, feeling like she had wasted a whole day and achieved nothing for her mother.

What she really wanted was someone to be there to help.
In our age of the expert the expert has his constituency — those who have a vested interest in commonly held opinions; elaborating and defining the consensus at a high level has, after all, made him an expert.

(Henry Kissinger)
Points of entry

Dr John Hussey
Dr John Hussey

- Budget stability
- Reduction in use of acute care
- Improved patient experience
- Improved staff satisfaction
- Reduced health inequalities
- Visible change in services

Dr John Hussey
What can ‘integrating’ services achieve?
What works and what doesn’t?

Sharing Resources

Shared Governance

Effective Leadership

Effective Communication
Once upon a time, there was.....
Across a range of 60-70 care settings and organisations:
- Clinical services
- Multiple care settings
  - Community
  - Mental Health
  - Acute
  - Extended Primary Care
  - Urgent Care
  - Out of Hours
  - Specialist
- A range of local providers

Cross Provider Usage
Liverpool Diabetes Partnership is a collaboration between LCH, Aintree and Royal Hospital consultants, nurses and administration to deliver Diabetes care in the community using LCH EMIS system to record patient information.
### EXISTING FUNCTIONALITY

<table>
<thead>
<tr>
<th>Managed Referrals</th>
<th>Outbound Documents</th>
<th>Cross Organisation Tasks</th>
<th>Cross Organisation Appointments</th>
<th>Cross Organisation Warnings</th>
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<tr>
<td>Managed referrals enable you to send referrals electronically between EMIS Web organisations that have services configured to accept referrals.</td>
<td>Outbound Documents functionality allows users to send a document from one EMIS Web organisation to another.</td>
<td>Cross organisation tasks extends current tasks functionality allowing an EMIS Web organisation to: add, assign, receive tasks from users and groups from multiple EMIS Web orgs.</td>
<td>Cross Organisation Appointments allows users to book, cancel, print and view other services appointments</td>
<td>There are two types of cross organisation patient warnings: <strong>CHIS patient warnings:</strong> <strong>Shared patient warnings</strong></td>
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Cross Organisation Appointments allows users to book, cancel, print and view other services appointments.
Integrated Team

19th Nov 2014

- Integrated MDTS
  - Monthly meetings
  - Discussed 3-4 individuals

-Mapping – City Centre

- Sharing Intelligence Demonstrate Substance Misuse / OP

- Recruited 6 SW’s and 1 Team Leader generic

- Practical issues

2nd Feb. 2015
IMPROVING THE PATIENTS JOURNEY

- MB - Complex Needs meeting Brownlow
- Hostel, frequent A & E attendance
- 51 yrs with Substance Misuse issues,
- Chaotic lifestyle in/out hostel
- Social Worker assessed with Specialist Alcohol Nurse, determined he had social care needs…
- Co-ordinated detox nurse SW arranged funding for Residential Rehab - outside city from peers
- To live in Extra Care scheme?
HEALTHY LIVERPOOL
PROSPECTUS FOR CHANGE

NOVEMBER 2014
1991: Introduction of ‘purchasing’ aimed at separating the interest of those receiving healthcare from those supplying them

1990’s: GP-fund-holding move to Primary Care Groups (PCGs)

2001: Primary Care Trusts (PCTs) created

2010: Primary Care Trusts compelled to separate their commissioning and provider functions

2013: Clinical Commissioning Groups created