TRANSCRIPT
Integration: Clinical Commissioning Groups for long term conditions

Narrator:

00:00:11 An estimated 15 million people in the U.K live with long-term conditions such as diabetes, dementia, physical disabilities and mental health problems. They often have a complex mixture of health and social care needs that could benefit greatly from a more integrated approach. The Health and Social Care Act, places much of the responsibility for improving such integration with GP lead clinical commissioning groups. It's an opportunity for clinical commissioning to take a more holistic view of people in their lives, will they take it?

Words on screen

00:00:41 Integration: Clinical Commissioning Groups Long Term Conditions

Steve Iliffe, Professor Primary Care for Older People, UCL:

00:00:44 The difference between general practice medicine and let us say social work, is still enormous and crossing that gap, that culture gap in the work environment is really difficult to do and to sustain.

Steph Palmerone, Director Strategic Initiatives, Barchester Healthcare:

00:00:57 Primary Care Led Commissioning, Clinical Led Commissioning is actually routed in the individual as is local authority commissioning. And traditionally health has tended to commission for very large populations and not necessarily thought about that in terms of individuals, particularly people with longer term conditions.

00:01:15 We have already started to see some examples of groups of GP's and local clinicians sitting down and having a much stronger understanding of how an individual doesn't fit within an acute service or a mental health service or a community service but

actually crosses all those parts of the system. And primary care practitioners tend to understand that.

Richard Humphries, Senior Fellow, The King's Fund:

00:01:40 GP's traditionally have always been quite a hard group to engage with because they have functioned largely as self-employed contractors in the health service. Clinical Commissioning groups, I think, bring GP's into a, kind of, organisational fold that will mean that they will be more engaged. I think we are starting to see signs of GP's getting involved in clinical commissioning groups, getting involved in looking beyond the traditional, sort of, individual patient approach, the individual that is sitting in front of them and thinking about the broader needs of the communities they serve.

Dr Robert Varnham, Co-chair, Integration NHS Future Forum:

00:02:17 I think we've got an opportunity to make some really quantum changes in long term conditions care over the next couple of years. There is a great deal of passion to improve it, people with long term conditions have a lot of unmet need at the moment and an awful lot of gaps and duplication in the system and clinically led commissioning groups are already grappling with the questions about how they could do a better job for their patients.

Narrator:

00:02:45 Academic and campaigner, Peter Beresford, runs Shaping Our Lives, which gives a voice to users of health and social care services, he brings personal experience to his work.

Professor Peter Beresford, Brunel University/Shaping Our Lives:

00:02:54 Speaking for myself, someone with long-term use of mental health services as my background, it's really only been retrospectively that I've come to understand what it was like at the time. You realise looking back on yourself that all the things you might normally do like read a book, look on the internet, get some advice about what's happening to you, you are kind of, significantly incapacitated to do.

00:03:18 Your life is in a turmoil, that is true for me as a mental health service user, I think it's true if you become frail as you get older, if you acquire physical impairment, if you have a child that has learning difficulties. There are seriously incapacitated things around this, we need some guidance we need some advocacy, we need some information in meaningful ways, we can access, which usually comes from a personal relationship.

Narrator:

00:03:43 Such personal guidance can be found in those GP practices that already take an integrated approach to health and social care services. A leading example is the Bromley by Bow Centre in East London, where Doctor Joe Hall is one of the long serving GP's.

Joe Hall, GP, Bromley by Bow Centre:

00:03:56 Essentially, there's two organisations working in the same building here. There is the GP partnership and there is the Bromley by Bow Centre. There's a lot cross over in the kind of work that both organisations do and for the health of the general community we have a joint reception for the centre and the surgery and the GP clinicians can refer to all the services available in the centre.

00:04:19 We obviously deal with medical conditions day in day out, however we can only take those patients so far dealing with their medical problems. They obviously have social issues that need to be dealt with, housing issues that need to be dealt with and other issues that are blocking them from actually moving forward in their health. So to be able to say to someone, 'I can help you with those things.' Rather than say, 'I'm sorry I'm just a clinician I can only give you advice around clinical areas.' is a huge benefit for us. It relieves the pressure particularly in a really busy, inner city practice, with all those social problems, also we're helping the patient.

Narrator:

00:04:54 Someone who has benefited from this approach is Lisa Cunningham, a former patient she now runs the centres pollen project.

Lisa Cunningham:

00:05:02 We run various workshops based around horticulture, the main focus of the group is looking after a flower cutting garden and allotment beds that I'm sitting in at the moment and they are for people who are experiencing mental distress. Which is an umbrella term for anxiety and lacking in confidence, people that are socially isolated.

Narrator:

00:05:23 Before becoming Pollens Project Coordinator, Lisa had been referred to one of the centres seed projects by her GP, having been bullied and work for seven years and signed off sick.

Lisa Cunningham:

00:05:33 My GP referred me to the Bromley by Bow Centre in early 2007 and I had been unwell with depression for ten years at that point. It just coincided with my then manager wanting to set up a flower cutting garden. I volunteered for two hours a week, which is all I could manage, I was always late because it was in the morning and I just could never get up in time and I'd go home and I would sleep in the afternoon. By the end of the first year I was being paid for seventeen hours a week and I had stopped taking anti-depressants that I had been on for ten years and eleven months at that point. Here I am working full time through two different funding streams at the centre.

Joe Hall, GP, Bromley by Bow Centre:

In Tower Hamlets, GP's are now working in networks, so working with the local other practices, we are able to send some of the initiatives we deliver here, elsewhere. So at another practice on the other side of the network we have the team for the welfare benefits advisors. I think as a network we do work very close with the communities, so we are always getting feedback.

Lisa Cunningham:

00:06:30 When people are referred to my project I'm always surprised about the lack of sort of integrated systems that there are available to people, I think that they're probably lucky to have been referred to us in one sense that we are able to offer that, kind of, joined up approach towards peoples social care needs. But I think that it's not common for GP's to think about people in a holistic way or in a non-medical way.

Narrator:

00:07:00 Existing examples of integrated health and social care aren't restricted to urban practices, in rural Norfolk the North Elmham surgery has arrived at its own version of integration by a very different route.

Simon Hibberd, GP, North Elham Surgery:

00:07:12 In 2003, 2004 we were one of the highest referring practices in Norfolk and we ask one of the public health doctors to come and see us and they demonstrated this to us and we wondered whether we were weird or right, or weird or wrong.

00:07:25 And we began to look at our admissions, as emergency admissions to hospital, every Wednesday and we would all sit down and we'd look at the admissions and see whether there was another pathway we could have gone down. More importantly what happened to the patient after we went into the hospital. And we began to recognise that there was pattern developing where elderly, frail, vulnerable patients did very badly in hospital and it was possible that they didn't need to go into hospital at all in the first place.

Judith Wood, Practice Manager, North Elham Surgery:

00:07:54 A surprise to us was that it wasn't to do with medicine, it wasn't what the GP's were doing, it was what was going on in patients' homes and the kind of social issues that they were facing and the lack of all-encompassing pathway that enabled us to support those patients in a different way.

Simon Hibberd, GP, North Elham Surgery:

00:08:14 So we went to see the chief executive of Norfolk social services and he agreed that a social worker locally would be detailed off to us, to meet with us on a Wednesday and to be the practices social worker.

Judith Wood, Practice Manager, North Elham Surgery:

00:08:25 Having resolved that issue we then learnt more about what patients' needs were, we began to understand dementia better, we then added on the work that we can do with the dementia nurse. We began to understand better the role of other people within the family. So our team that started off quite small with a nurse, a social worker and a GP, has expanded and I don't think we will stop now.

Narrator:

00:08:52 Every Wednesday it is a working lunch for the wider team as they share concerns and discuss support strategies for patients with long term conditions.

Simon Hibberd, GP, North Elham Surgery:

00:09:01 Patients, who in the past would have been seen, possibly by all these people but all these people wouldn't necessarily have known or spoken to each other, they now all speak to each other and we, they get a better standard of care and it does work. We are now one of the lowest referring practices in Norfolk.

00:09:18 Is there any possibility of getting telephone line in there?

Sue Frost, Social worker:

00:09:21 It might be mobile but then they may not get reception.

Simon Hibberd, GP, North Elham Surgery:

No, they haven't got reception, you've got to stand in a field, he phones by wandering up the road for about 150 yards and then standing in a windswept field to get. Can we get a landline in there.

Sue Frost, Social worker:

00:09:37 Well we could look into it, I would imagine it would be quite expensive down there, completely isolated.

Especially if there are phone already there.

Yes, it depends how far away we look at it.

Judith Wood, Practice Manager, North Elham Surgery:

00:09:48 We are a very local practice with a very clear identity in who we serve and the needs of our patient population, I don't think that prohibits this kind of model moving to other areas. We thought we wouldn't be able to do it because we are so rural, the model we based it on was one in a town in Cheshire and we thought that was going to be a challenge but actually, even in a rural community it works.

00:10:18 We've got a good solid buy in from the community teams to social workers and our patient population. We have two patient groups that have been in business for the last ten years and so we've used them to bounce ideas off and to look at how we are doing it and to start with they were, kind of, cynical that we would never be able to talk to social workers. Having done it they are really supportive and have given us feedback on were we could go next.

Narrator:

00:10:45 Allen McKim was one of those sceptical patients, who at the time, was chairman of the practices patients group.

Allan McKim:

00:10:52 We just talked with each other that is the various partners and the patient group at our two monthly meetings, the patient group wasn't alone in discovering what was actually coming out of the practice here. It was quickly taken up by the primary care trust and there were people there who recognised that plans that were coming out of,

out of this neck of the woods, were something that were really worth following.

Narrator:

00:11:21 The practices present concern is that their successful integration model survives the changes contained in the health and social care act. A key figure in achieving this is Mark Burgess, formally project manager for integrating care in Norfolk he is now Chief Officer for Mid Norfolk Clinical Commissioning.

Mark Burgess, Chief Office for Mid Norfolk Clinical Commissioning:

00:11:38 Uncertainty is never a good thing when you are trying to maintain and deliver good service so that is one of the risks, that you are making sure that everyone has the eye on the ball here. I think for us in Mid Norfolk the opportunity is that we're still very focused on our care for the patients and the individuals. And our approach is being to work with partners whether that be community health, social care, mental health to ensure that actually, that whole system approach really does infiltrate the work that we are doing as a CCG.

00:12:06 Again very simply put, integrated is about improved communication, improved levels of trust between different organisations**,** different professionals and I think that works at a rural and urban setting. It will be variations on a theme, I think is the way I choose to describe it, you know, 'What works here, isn't going to work in the heart of Norwich or in the heart of London in the exact format we have it here.' But the principle of integrated working is we'll face this together, we will focus on the individuals and actually that is the, kind of, key to it really and that is the one element, if we focus on the patients and the individuals, that's the bit that ties us all together in many cases.

Richard Humphries, Senior Fellow, The King's Fund:

00:12:44 I'm very pleased to see that integrated care is on your agenda, it seems to be top of the policy hit parade at the moment.

Narrator:

00:12:53 Integration may be a current buzzword but its implementation requires the efforts of a very large number of people.

Richard Humphries, Senior Fellow, The King's Fund:

00:13:00 I suspect from the work that I've done in various places, with GP's is that they would like to know more about social care. I think amongst a lot of GP's now, there's an appetite to learn more about how local government works, to learn more about social care, what social workers do and how the two services can work more closely together. I think there is a real hunger for that in a way that there hasn't been in previous years.

Joe Hall, GP, Bromley by Bow Centre:

00:13:29 What's going on right now is work that involves a lot of different government departments, education, health, social security, etc. Therefore, it's really up to the government departments to recognise that and understand that they have to work in a very integrated way to try and sustain models such as this. Because often government departments compete against each other and therefore makes it very hard for this integrated model on the ground to actually really work.

Professor Peter Beresford, Brunel University/Shaping Our Lives:

00:13:55 I think the enemy of meaningful integration is that we have these two absolutely separate sectors because health and social care for any individual human being, does not work like that.

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