

Jornada de gestió clínica en continuïtat assistencial

Experiències d'èxit en gestió integrada i continuïtat assistencial

NHS Integrated care

Josep Vidal i Alaball
Metge de persones

15 desembre 2016

Experiència **personal**

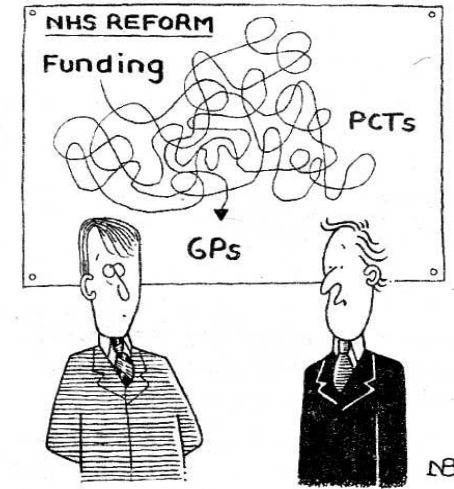
- 1996. Llicenciat Universitat de Barcelona
- Estiu 97 - Gener 99: UK
- 1999-2002: Especialitat Medicina Familiar i Comunitària
- 2002-2004: Universitat de Cardiff. **Academic Fellow Programme:** Professor associat, investigació i pràctica clínica en àrees marginades del sud de Gal·les. **Màster en Salut Pública**
- Octubre 2004: Salut Pública, **National Public Health Service for Wales** i **HPA**
- Gener 2007: Catalunya. **ICS. Trinxera-gestió-trinxera**



"I've been restructured."

Reformes **Atenció Primària**

- **1948: NHS.** Rebuig GPs. Contracte Independent. PORTA ENTRADA
- **1960s:** millores contractuals (2.000 pacients)
- **1970s:** professionalització (RCGP, MIR)
- **1990s:** Fundholding (voluntari) – Final 1997
- **2000s:** **PCTs.** Qualitat, QOF, comissioning, competència
- **Abril 2013:** Clinical Commissioning Groups



"All we need to do now, Andrew, is explain it to the public"

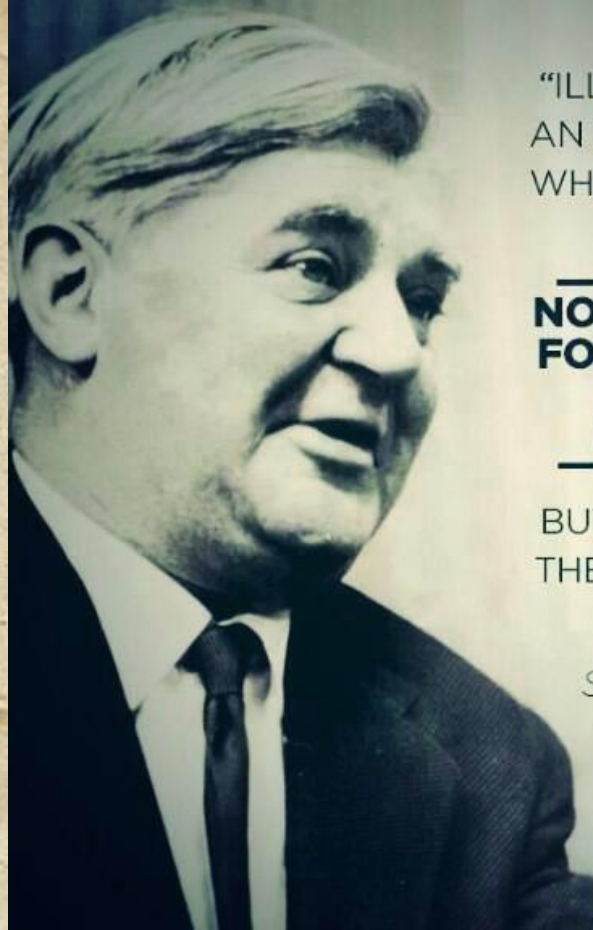


THE NEW
**NATIONAL
HEALTH
SERVICE**

★

Your new National Health Service begins on 5th July. What is it? How do you get it?

It will provide you with all medical, dental, and nursing care. Everyone—rich or poor, man, woman or child—can use it or any part of it. There are no charges, except for a few special items. There are no insurance qualifications. But it is not a “charity”. You are all paying for it, mainly as taxpayers, and it will relieve your money worries in time of illness.



“ILLNESS IS NEITHER
AN INDULGENCE FOR
WHICH PEOPLE HAVE
TO PAY,

**NOR AN OFFENCE
FOR WHICH THEY
SHOULD BE
PENALISED,**

BUT A MISFORTUNE,
THE COST OF WHICH
SHOULD BE

*SHARED BY THE
COMMUNITY.”*

ANEURIN BEVAN

“FATHER” OF THE
BRITISH NHS

■ ESTRUCTURA DELS PAGAMENTS A L'ATENCIÓ PRIMÀRIA

■ NHS (85%)

■ Assistència

- 20% Pagament per pràctica clínica

- 50% Pagament capitatiu

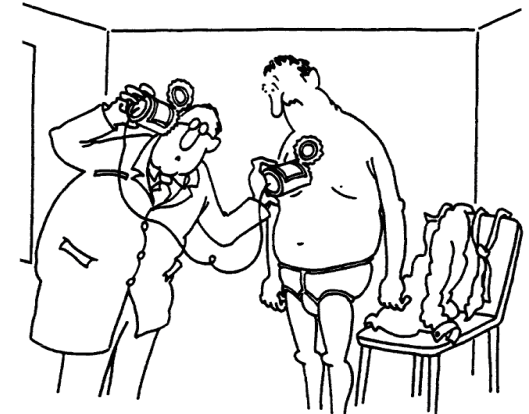
- 15% Pagament per serveis: vacunes, embaràs, cirurgia menor ...

- 5% Objectius (vacunacions infantils, citologies ...)

- 10% Altres: docència, comitès...

- Pressupost per personal: cobreix 75-80% dels sous

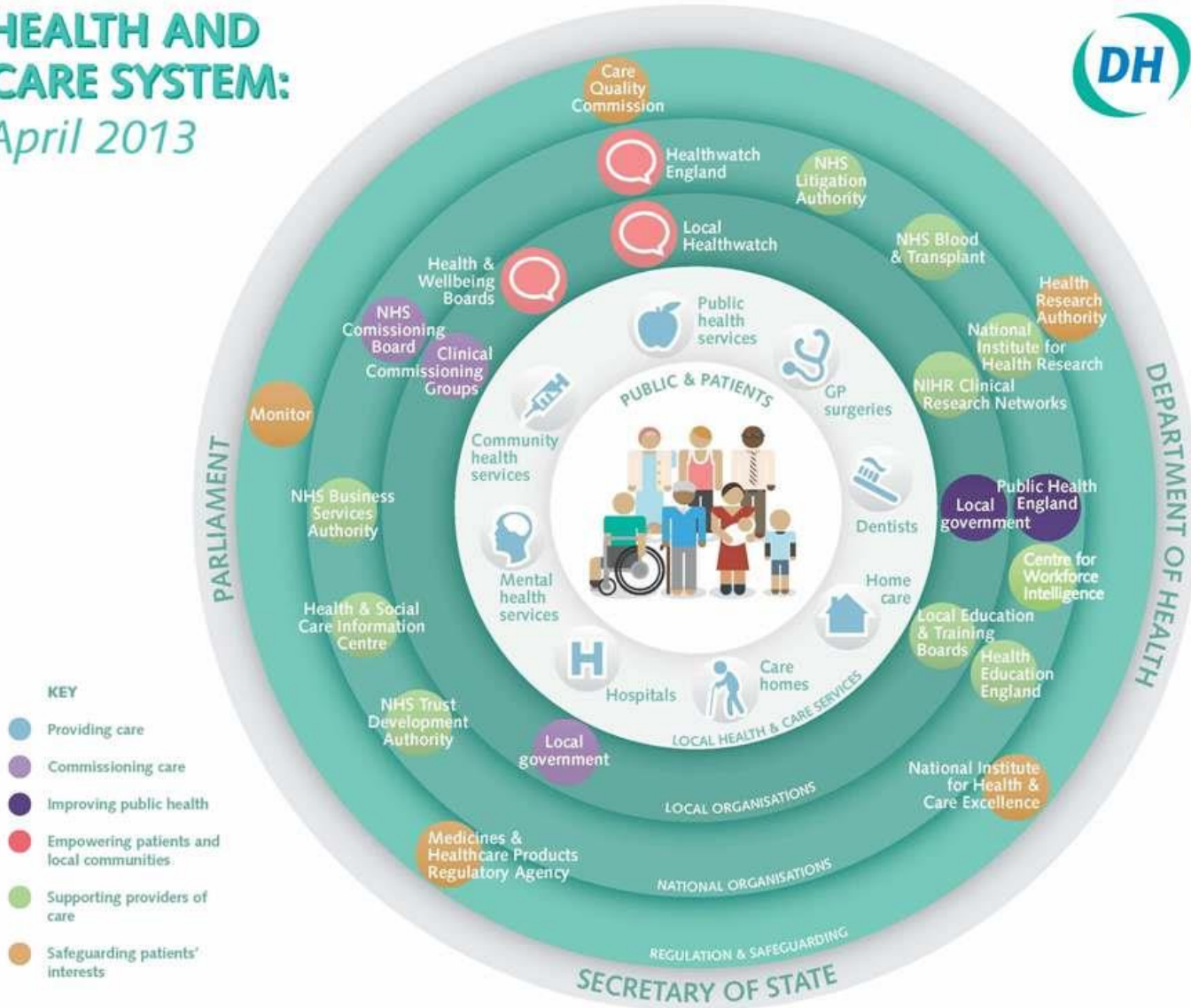
- Privat (15%): revisions, informes, (farmàcies)



"Don't blame me, blame lack of funding."

Clinical Commissioning Groups

HEALTH AND CARE SYSTEM:
April 2013



KEY

- Providing care
- Commissioning care
- Improving public health
- Empowering patients and local communities.
- Supporting providers of care
- Safeguarding patients' interests

- 152 PCTs -- 211 Clinical Commissioning Groups
- 2/3 pressupost (£71.9 billion 2016/17). 226.000 habitants de mitjana – **Lideratge clínic: GPs**
- Funcions:
 - COMPRA serveis Salut mental, atenció urgent, atenció secundària i comunitària a nivell **LOCAL**
 - Continuïtat assistencial
 - Millorar qualitat de l'AP
 - NO contracten ni controlen l'AP! (NHS England)

Clinical Commissioning **Groups**



New organisation	Services commissioned
NHS England	primary medical services
	dental services
	community pharmacy
	specialised services
	offender health care
	health care of the Armed Forces and their families
CCGs	planned hospital care
	rehabilitative care
	urgent and emergency care
	most community health services
	mental health and learning disability services

■ Repte i OPORTUNITAT !

The Commissioning Challenge: Dame Barbara Hakin October 2011

“The system we are developing gives us a real opportunity to do things differently. I would encourage everyone who is involved with or has an interest in commissioning to really think about how we can be different, how can we use commissioning to give patients much more voice and choice”

- Coneixement de la població (rutes assistencials)
- Col·laboració: autoritats locals, hospitals, serveis comunitaris, salut mental, usuaris....
- Confiança de la població - transparència

- **Specsavers:** cadena 440 botigues òptica-audiòfons
- **Serveis audiologia:** audiometries, audiòfons (també cribratge retinopatia diabètica)
 - Audiometries en 2 setmanes
 - Audiòfons en 5 setmanes + seguiment 3 anys
 - Campanya per obtenir contractes de CCG
 - 30 contractes
 - Enviament de propaganda a pacients demanant derivacions
 -  demanda innecessària  **costos**



- Manca d'experiència - lideratge
- 2/3 contracten **managers** dels PCTs
- Algú pot canviar els hospitals ?????
- Gestió de **retallada** del 5% de pressupost
- Poder: ? gestors a assistencials
- Canvi o millora? - Evidència ?

[CCG improvement and assessment framework 2016/17](#)



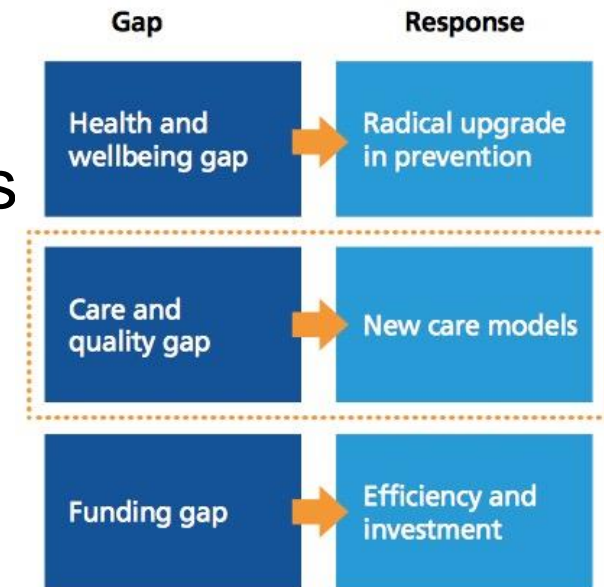
<https://www.kingsfund.org.uk/publications/clinical-commissioning-groups>

■ Objectius:

- Millorar l'experiència del pacients
- Millorar la salut de la població
- Reduir costos per càpita

■ Programes **PILOT**:

- Prestació de serveis en la **comunitat** (prop de la casa dels pacients)
- No només atenció primària i secundària, també **Serveis Socials + Associacions (ONGs)**
- Pacients i **Cuidadors** al centre del sistema



Connecting Care in Wakefield

People in Wakefield have said that they want:

- to be supported to stay well
- not to be in hospital unless they really have to be
- to be more in control of their own health either at home or as close to home as possible.

They also want their care professionals to work in a connected way so they don't have to keep repeating their story to different people, delaying their care.

That's Connecting Care – joining up health and social care so residents of Wakefield live longer, healthier lives.

Developments so far

The Wakefield pioneer's Connecting Care work already includes:

- extended access to evening and weekend appointments with health professionals
- pharmacists working alongside health workers to make sure people get the right medication
- better joined-up working between health, social and community workers for older, vulnerable people
- use of technology to help people look after themselves better at home.

<https://www.england.nhs.uk/pioneers/wp-content/uploads/sites/30/2016/01/pioneer-programme-year2-report.pdf>

Connecting Care hubs

Health, social care and voluntary organisations across Wakefield are making this better by working together on one site, known as Connecting Care hubs. There are three Connecting Care hubs in Wakefield so far.

One hub, in Bullenshaw, is home to pharmacists, occupational therapists, physiotherapists, therapy support staff, community matron and staff nurses, carers, Age UK and social services.



<https://vimeo.com/151649996>

Pioneer site	Population	Geography	Life cycle stage	Population segmentation		Using the experience of people	Providing proactive care	Providing integrated care services	Using technology	Analysing impacts through data	Removing financial disincentives
				a. Data analysis	b. Patient selection						
Airedale, Wharfedale and Craven				4	4	4	4	4	3	3	2
Barnsley				3	3	3	4	3	4	3	1
Camden				2	3	2	2	3	3	2	1
Cheshire				3	3	3	3	3	3	2	2
Cornwall and Isles of Scilly				3	2	4	4	3	2	3	1
Fylde Coast				3	3	3	3	2	2	3	1
Greater Manchester				3	3	3	3	3	3	4	3
Greenwich				2	4	3	3	3	2	2	2
Islington				3	4	3	4	3	3	3	2
Kent				3	3	3	3	3	3	2	2
Leeds				4	4	2	3	3	4	4	3
North West London				4	4	4	3	3	2	2	3
Nottingham City				3	4	4	4	3	4	2	4
Nottingham County				2	3	3	3	3	2	2	2
Sheffield				4	4	4	3	3	2	3	2
South Devon and Torbay				3	4	3	2	3	3	3	1
South Somerset				4	4	3	3	3	2	3	3
South Tyneside				3	4	4	3	4	3	3	3
Southend				4	3	4	4	3	4	4	2
Staffordshire and Stoke-on-Trent				3	3	4	2	3	1	3	3
Vale of York				4	4	4	4	4	2	3	2
Wakefield				3	3	4	4	4	3	4	2
Waltham Forest and East London				4	3	2	4	3	3	3	3
West Norfolk				2	3	3	2	2	2	2	2
Worcestershire				3	4	4	3	3	3	3	3

KEY

	<200,000
	<500,000
	<1,000,000
	<2,000,000
	<3,000,000
	Semi-urban
	Rural
	Urban
	Design
	Test
	Grow
	Improve

Evaluating UK Integrated Care Pilots

Findings

<http://www.rand.org/randeurope/research/projects/integrated-care-pilots.html>

A team comprising RAND Europe, Ernst & Young, University of Cambridge and the Nuffield Trust evaluated the national programme and concluded that, if tailored to local circumstances, well-led and well-managed integration can improve the quality of care for patients.

Additionally, the team's report noted that staff liked the pilots and had confidence in the programme's benefits:

- 84% of staff claimed their job had expanded
- 63% thought their role had become more interesting
- 60% of staff thought they worked more closely with other team members
- 72% reported better communication with other organisations
- Overall, 54% of staff thought patient care had improved over the previous year as a result of the pilot, compared to 1% who thought it had got worse.

However, patients did not, in general report an awareness of improved care.

- 15% fewer patients reported feeling that their opinions and preferences were taken into account by social services or their care workers
- 5% fewer patients felt involved by their doctors in decisions about their care
- 9% fewer patients felt they were able to see the nurse of their choice

Inner North West London Integrated Care Pilot – year one evaluation

Aims of the pilot

Large-scale programme to improve the coordination of care for people **over 75 years of age and/or adults living with diabetes**.

Aims:

- **Improve outcomes** for patients
- Create access to **better, more integrated** care outside hospital
- **Reduce unnecessary** hospital admissions
- Enable **effective working** of professionals across provider boundaries

Patient and professional experience

What worked well?

- Health professionals had a high level of commitment to the pilot, in particular the care planning process
- Care planning and Multi Disciplinary Groups improved collaboration and levels of professional knowledge

Challenges

- Majority of patients had not experienced any changes
- Care planning IT tool led to dissatisfaction amongst many practitioners. Over half of professionals felt workloads had increased

<http://www.nuffieldtrust.org.uk/publications/evaluation-first-year-inner-north-west-london-integrated-care-pilot>

■ Derivacions “internes” a primària

- MAP “especialista”: dermatologia, pneumo, oftalmo, ORL, ginecologia....

■ Llibertat d'elecció del pacient (2006)

- Oferta d'almenys 4 hospitals (o altres proveïdors)
- **Rànquing** d'hospitals: qualitat, opinions dels pacients, taxes d'infecció, mortalitat, qualitat del menjar, aparcament, accés per discapacitats ...



Gestió derivacions segon nivell assistencial



Health A-Z

Live Well

Care and support

Health news

Services near you

Results for **Hospitals** in **Plymouth**

Email Print Export

Topics	Sort by	NHS Choices users rating	Care Quality Commission inspection ratings	Recommended by staff	Mortality rate	Food: Choice and Quality
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Key Facts

Nearest

Derriford Hospital

Add to shortlist

Tel: 01752 202082
Derriford Road
Crownhill
Plymouth
Devon
PL6 8DH
3.3 miles away | [Get directions](#)



263 ratings
[Rate it yourself](#)

Requires Improvement
[Visit CQC profile](#)

Within expected range with a value of 65%

As expected in hospital and up to 30 days after discharge (0.9925)

88.04% Among the best

Royal Eye Infirmary

Add to shortlist

Tel: 01752 202082
Derriford Road
Crownhill
Plymouth
Devon
PL6 8DH
3.3 miles away | [Get directions](#)



22 ratings
[Rate it yourself](#)

n/a
Not yet rated

Within expected range with a value of 65%

As expected in hospital and up to 30 days after discharge (0.9925)

n/a
No relevant data available

Nuffield Health, Plymouth Hospital

Add to shortlist

Tel: 0800 015 5020
Derriford Road
Plymouth
Devon
PL6 8BG
3.4 miles away | [Get directions](#)



10 ratings
[Rate it yourself](#)

Requires Improvement
[Visit CQC profile](#)

n/a
No relevant data available

n/a
Not available for independent or specialist hospitals



Overview and CQC Inspections

Click for key    |     

**Overall
Requires
improvement**

[Read overall
summary](#)

Safe	Requires improvement 
Effective	Good 
Caring	Outstanding 
Responsive	Requires improvement 
Well-led	Good 

CQC inspections & ratings of specific services

Medical care (including older people's care)	Good 
Urgent and emergency services (A&E)	Requires improvement 
Surgery	Good 
Intensive/critical care	Good 
Maternity and gynaecology	Good 
Services for children & young people	Good 
End of life care	Good 
Outpatients	Good 

[+ Our inspector's description of this service](#)

Latest CQC inspection report

25 November 2016

- > [Download CQC inspection report PDF 1.52 MB \(opens in a new tab\)](#)
- > [All reports](#)

Latest patient survey results for the NHS Trust who runs this service

[Plymouth Hospitals NHS Trust patient surveys, opens the Provider's profile](#)

Who runs this service

Derriford Hospital is run by Plymouth Hospitals NHS Trust

Type of service

Hospital

Specialisms/services

Assessment or medical treatment for

■ Més informació:

■ <http://www.slideshare.net/jvalaball>

■ josep.vidal@icloud.com

■ [@jvalaball](https://twitter.com/jvalaball)

