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CONFERENCE ABSTRACT

Integrated Care Partnerships Northern Ireland - Leading Integration; Delivering Better Outcomes

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Introduction: Seventeen Integrated Care Partnerships (ICPs) were established across Northern Ireland in 2013 as a key element of the healthcare reform policy "Transforming Your Care".

Outcomes from that work are starting to be realised and discussions are underway about how to scale up and sustain this way of working.

Description of policy context & objective: A policy implementation framework for ICPs was issued by the Department of Health which outlined that ICPs were to be established as local provider networks of care providers, bringing together doctors, nurses, pharmacists, social workers, hospital specialists, paramedics and other healthcare professionals along with the voluntary and community sectors, local councils and service users and carers, to design and coordinate the delivery of local health and social care services.

Each ICP was to be based around natural geographies of approximately 100,000 people and 25-30 GP practices, to be focussed on the delivery of integrated care.

Targeted Population: ICPs have been commissioned by Local Commissioning Groups to deliver more integrated care, against a defined commissioning specification for frail older people and those with certain long term conditions: respiratory conditions, diabetes and stroke.

Highlights: (Innovation, Impact & Outcomes)

Some of the early impacts ICPs are demonstrating include:

- Model of care for frail older people to avoid ED attendances and hospital admissions (Over 4,000 bed days avoided)

- More integrated and proactive community based diabetes care with an enhanced foot care programme, (90% reduction in the number of diabetes-related minor amputations in two ICP areas due to an integrated diabetes footcare pathway)

- Partnership working with the ambulance service to allow ambulance crews to see, treat and refer for rapid home based care instead of conveyance to an ED

- Innovative local social prescribing and community based integrated health and wellbeing programmes for older people

- A Nursing Home In –Reach Programme reducing ED attendances and hospital admissions for residents by one third.

Conclusions – key findings & lessons learned: A number of building blocks have been crucial to this work (RICE)

Risk stratification –a data extract has been agreed with GPs allowing a risk stratification algorithm to be applied to data from 92% of practices in NI providing multidisciplinary teams in the community with a practice level risk stratified cohort.

Information sharing;, making best use of technology and exploit the opportunities offered by the Northern Ireland Electronic Care Record.

Care planning; has been delivered at a regional level through an enhanced service in primary care.

Evaluation – A robust approach to gathering information and agreeing common measures has been put in place to allow the impact of this range of work to be evaluated.

Significant leadership development and capacity and capability building interventions have also been put in place to build these networks of local leaders who are now delivering real change for local communities.

Working to a co-design and co-production model using Quality Improvement methodologies have been important principles of how ICPs have operated.

The ICP model is continuing to evolve, there will be much greater opportunity to see the effects of this way of working if we can align system incentives more towards integrated care and potentially see their development into accountable networks taking responsibility for delivering health and care outcomes for a defined population.

References:

1- Available from: http://www.hscboard.hscni.net/icps

Keywords: policy; practice; older people; risk stratification

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