Integrated Care Partnerships

Working together to deliver the right care, in the right place, at the right time.

Transforming Your Care

Background

ICPs are collaborative networks of care providers, bringing together doctors, nurses, pharmacists, social workers, hospital specialists, other healthcare professionals and the voluntary and community sectors, as well as service users and carers, to design and coordinate local health and social care services.

Progress to date

All 17 **ICP Partnership Committees** have now held two quarterly committee meetings and are now almost fully constituted with members from local Trusts, GPs, pharmacists, service users and carers, and representatives from the community and voluntary sectors.

The committees have set up multi-disciplinary working groups in all localities to focus on each of the clinical priority areas: frail elderly, respiratory, diabetes and stroke. These task and finish groups also have a broad range of members including service users and carers and representatives from the community and voluntary sectors.

Plans are underway to ensure that each ICP receives

ICP Highlight Report:

- The project structure for ICPs is now well developed and both the ICP Project Team and ICP Stakeholder Reference Group have been established.
- The ICP Project Team is working hard to support the successful development of ICPs. It was agreed that a sub group of the Project Team will develop and coordinate a regional approach to risk stratification which involves targeting care to those most in need.
- The first meeting of the sub group, known as the Regional Risk Stratification Team, took place on 29 October 2013 chaired by Dr Brendan O'Brien.
- The first meeting of the Stakeholder Reference Group took place on 3 October. This group is facilitating engagement between ICPs and a wide range of external stakeholders.

development support to work effectively. Ways of providing additional support to service users and carer representatives and to the voluntary and community sector representatives are being developed to ensure that their voice is heard.

Leadership Development Programme

A Leadership Development Programme was launched on the 20 September to enable leaders of ICPs to effectively develop their leadership skills and implement integrated working.

The Programme comprises seven days in total between November 2013 and September 2014 with approximately 50 participants including GPs, pharmacists and hospital consultants.



Pictured at the launch event (L-R): Louise McMahon, HSC Leadership Centre; Dr Sloan Harper, HSCB Director of Integrated Care; John Compton, HSCB Chief Executive; and Karen Picking, Karen Picking Associates.



Pictured at the launch event (L-R): ICP pharmacist leads, Niall Corey (Southern sector, Western ICP area); Peter Wright (West Belfast) and Vincent Campbell (Causeway, Northern ICP area).



Pictured at the launch event (L-R): South Eastern ICP area GP leads, Dr John Winter (Ards); Dr Chris Leggett (Down); Dr Grainne Doran (North Down); and Dr Michael Crawford (Lisburn).

Improving Northern Ireland's Health and Social Care - ICP Bulletin, November 2013

Integrated Care Partnerships

Working together to deliver the right care, in the right place, at the right time.

ICPs in Focus: South Eastern Area

Productive discussions have been underway within the ICPs in the South Eastern area and significant progress is being made in agreeing service improvements for the clinical priority areas. A number of pilot services have also been agreed with the South Eastern Health and Social Care Trust effective from 1st November 2013:

- 'Consultant Physician of the Day' allows GPs with patients in the Downe Hospital catchment area to have access to consultant expertise to improve care for acutely ill patients. GPs can arrange direct hospital admission; obtain advice about urgent assessment; or discuss alternatives to hospital admission, such as rapid response intervention or early medical assessment.
- 2. Rapid reporting x-ray services allows GPs to directly refer patients to x-ray diagnostics as an alternative to a patient needing to visit an Emergency Department.
- 3. Direct referral for deep vein thrombosis (DVT) scanning allows GPs at Bangor Health Centre to directly refer patients to ultrasound radiology services which can detect DVT or blood clotting.

Learning from best practice worldwide

Dr Sanjeev Arora from the University of New Mexico recently visited Belfast to discuss Project ECHO (Extension for Community Healthcare Outcomes). Dr Arora developed Project ECHO, which enables sharing of best practice to safely and effectively treat chronic, common, and complex diseases in rural and underserved areas, and to monitor outcomes of treatment. Using videoconferencing technology and case-based learning, primary care providers are trained and mentored to manage complex health conditions. A Project ECHO Board has been set up chaired by Dr



Pictured (L-R): Dr Brian Patterson OBE, Northern ICP area Clinical Lead; Dr Sloan Harper, HSCB Director of Integrated Care and Dr Margaret O'Brien, ICP Clinical Director meet with visiting Project ECHO expert Dr Sanjeev Arora.

Brendan O'Brien to consider how this approach could be implemented locally.

Find out more about ICPs



A new section of the *Transforming Your Care* website has been established for Integrated Care Partnerships and is now available to view at: <u>http://www.transformingyourcare.hscni.net/integrated-care-partnerships/</u>

The dedicated ICP pages include information on each of the five ICP areas (Belfast, Northern, Southern, South Eastern and Western), the most up to date ICP news, and ICP videos. The web content will be continually developed for those who wish to know more about ICPs and patient care associated with ICPs. Keep checking back for regular updates about the work of ICPs in your local area and regionally across Northern Ireland.

Next steps

In the coming months ICPs will be focused on continuing to support their members to deliver their core business; **R**isk stratification to target care to those most in need; Information sharing to deliver more integrated care; **C**are pathway review and improvement; and **E**valuation of service.