

Collaboration and integration across the West

NIHR CLAHRC West

National Institute for Health Research

Collaboration for Leadership in Applied Health Research and
Care West, at University Hospitals Bristol NHS Foundation Trust

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Agenda

- Explain the origin and development of Health Integration Teams (HITs)
- Outline the advantages of being a HIT
- Explain opportunities across the West using the HIT model
 - Spread out of HITs from Bristol across the West
 - Development of new HITs originating across the West
- Example of the Integrated Pain Management HIT

Health Integration Teams (HITs)

- Groups/people/organisations come together where they believe they could make a difference to public health or patient care
- Essential features
 - Involve commissioners, providers, all relevant health professionals, academics, local authorities
 - Build in meaningful patient/public involvement
 - Gain sponsorship from one organisation
 - Focus on research and evidence and their implementation to improve care and health
 - Deliver benefits through integration across patient pathways

Current Health Integration Teams

Chronic health conditions

Dementia
Musculoskeletal disorders
Movement disorders
Retinal disorders
Integrated pain management
Chronic renal disease
Psychological therapies for depression

Public health interventions

Preventing/treating child injury
Preventing self harm
Improving sexual health
Treating childhood infections
Immunisation and vaccines
Active healthy older people
Preventing and treating addictions

Delivering equitable, appropriate and sustainable health and healthcare

Avoiding hospital admissions
Supporting healthy environments
Improving perinatal mental health
Equality in early years – child health and wellbeing

Do HITs work...?

Early findings from an evaluation of the
HIT concept by NIHR CLAHRC West

Benefits of the HIT approach

- Close fit with local and regional strengths
- Unique model of collaboration and knowledge mobilisation attracting interest nationally and internationally
- Provides focus for partners to engage around key health challenges
- Encourages creative and innovative thinking around previously intractable problems
- Provides pathway from evidence or research (CLAHRC) to implementation in practice (AHSN)

Rolling out HITs across the West

- Some HITs have already moved beyond Bristol
 - e.g. Integrated Pain Management HIT
- New HITs can be developed outside Bristol
 - NIHR CLAHRC West can act as a broker/facilitator
- What becoming a HIT delivers
 - Critical mass/legitimacy/opens doors, especially with CCGs - gives a voice and identity
 - Process of accreditation is useful; conversations with commissioners, thinking around PPI etc.
 - Supports grant applications
 - Provides pathways to impact and evidence of implementation
 - Access to clinical populations for research
 - Help to navigate the NHS
 - Acts as a node for others to connect to – including the public

Integrated Pain Management HIT

To provide a fully integrated, multidisciplinary, life span clinical service for chronic pain that brings together senior clinicians, researchers and local and national health commissioners with service users across Bristol and Bath

The Problem

- Over 5 million people/year in the UK develop chronic pain and only two-thirds recover
- Common causes include musculoskeletal and neuropathic (diabetes mellitus, cancer and HIV) both of which are increasing in prevalence
- Chronic pain is hugely detrimental to an individual's quality of life and places an enormous emotional and financial burden on patients, carers and society
- Over 25% of people with chronic pain lose their jobs within 5 years of diagnosis
- Chronic pain costs >£15 billion/year in the UK of which £4 billion is attributable to childhood pain
- Current drug treatments are largely inadequate and there is a huge unmet clinical need. Existing treatments need to be optimally used
- More effective long-term therapies are urgently required

Aims of IPM HIT

- All work is informed by existing and new PPI initiatives
- Multidisciplinary research programmes and international expertise in the management of chronic pain are fully integrated into the clinical services
 - A reduction in health and social costs
 - Generation of novel evidence based interventions that will inform future changes in clinical practice
- Focus on improvements in performance, productivity and efficiency
 - Economies of scale
 - Simplified pathways for the majority of the causes of chronic pain
 - Service users will be given evidence based interventions, at the correct time, by practitioners with appropriate expertise
- Interdisciplinary rotational training and education programme across all of our centres
 - Improve the uniformity of clinical services
 - Train the next generation of clinicians who will deliver our pain services

Current Workstreams

- Improve the quality of referrals from GPs
 - pre-referral questionnaire/template
- Pilot ‘one stop shop’ multi-disciplinary assessment clinic and formally evaluate:
 - patient satisfaction, medication reduction, reduced utilisation of other health resources
- NHS England engagement and specialist commissioning of tertiary pain service
- Unified clinical pain database at all sites
- Extend group membership to pharmacists
- Regular education update for all members and trainees
- Expand PPI groupings to cover a range of chronic pain conditions

Challenges

- A combined approach to local and specialist commissioning of pain services across Bristol and Bath, leading to better delivery of clinical care to patients with chronic pain across the West, and beyond
- Generate integrated chronic pain pathways in the West that are optimal for the delivery of clinical care and from a health economic perspective. Should be cost-saving since fewer patients will be inappropriately seen in hospital or admitted
- A system-wide reorganisation will be complex and issues around reconfiguration of systems and tariffs are not be underestimated

Added Value

- The IPM HIT brings together the largest group of clinical pain researchers in the UK
- Many of us are actively involved in national and international committees for the leading pain related societies as well as leading work in condition specific fields
- High level networking will provide opportunities for the HIT to influence change in practice at the national and international level
- The HIT will also benefit from rapid access to 'top down' communication from profession and speciality specific bodies

HITs and wider opportunities

- HITs originated in Bristol but the concept can spread across the West
- Increased co-ordinated, patient-centred and integrated care should lead to improved patient care and public health in the West
- Potential for service development and change
- Potential for implementation across the West with WEAHSN
- Increased research capacity through access to research collaboration with NIHR CLAHRC West and other NIHR programmes