

Innovating for Improvement

Person-Centred Approach to Health and Social
Care Integration

NHS Ayrshire & Arran



About the project

Project title:

Person-Centred Approach to Health and Social Care Integration

Lead organisation:

NHS Ayrshire & Arran

Partner organisation:

N/A

Project lead/s:

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Contents

About the project	2
Part 1: Abstract.....	3
Part 2: Progress and outcomes	7
Part 3: Cost impact.....	19
Part 4: Learning from your project	22
Part 5: Sustainability and spread	26
Appendix 1: Resources and appendices.....	28
Appendix 2: Project finance	Error! Bookmark not defined.

Part 1: Abstract

Background

People with long-term conditions often experience fragmented and uncoordinated health and social care. This can lead to problems including repetition of assessments, poor transmission of information and delays in care.

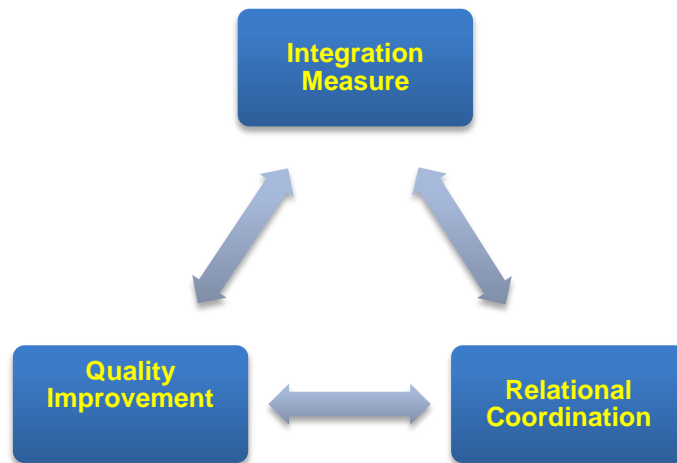
Our project seeks to improve quality of care and patient experience by gaining insights from patients and clinical teams and subsequently acting on the results to improve care integration.

Project

Our project encompassed three elements:

1. Asking patients about their experience of integrated care using Sara Singer's (Harvard School of Public Health) **Integration Survey** (*Appendix 1*) adapted for Scottish context. The survey questions relate to:
 - *General Practice team's knowledge of the patient and their medical history*
 - *Specialist's knowledge of the patient's medical history*
 - *Test result communication*
 - *Support for self-management*
 - *Support for medication and home health management*
 - *Support and knowledge following a hospital stay*
2. Asking staff and patients about the effectiveness of relationships and communication between and across teams delivering respiratory care using Jody Hoffer Gittel's (Brandeis University, Boston) **Relational Co-ordination Survey** (*Appendix 2*). The survey questions relate to:
 - *Shared goals*
 - *Shared knowledge*
 - *Mutual respect*
 - *Frequent communication*
 - *Timely communication*
 - *Accurate communication*
 - *Problem-solving communication*
3. Using quality improvement methods to make collaborative **improvements** to the health and care pathways.

This combined approach is unique and has not been carried out in health care world-wide before. The diagram illustrates our approach.



We tested the approach with a cohort of people living with Chronic Obstructive Pulmonary Disease (COPD) from four General Practices in Ayrshire along with health and social care staff involved in their respiratory care (GPs, Practice Nurses, District Nurses, Community Pharmacists, Care at Home staff and Respiratory Specialists).

Large workshop events and small group meetings were held with participants to allow feedback of results, reflection, discussion and identification of areas for carrying out improvement initiatives.

A patient focus group in the form of a storytelling workshop was also held.

Successes and Challenges

Successes

- Excellent engagement, with ongoing enthusiasm and collaborative involvement of service users and staff throughout the project
- 50% (n=501) response rate from service users (n=1003) who were invited to complete the 74-question Patient Integration survey
- 68% (n=102) response rate from health and care staff (n=151) who were invited to complete the Relational Coordination survey, although a great deal of effort was required to achieve this
- Service User involvement in Respiratory services has grown - 150 Service Users who completed the survey would like to continue to participate in collaborative respiratory improvement work beyond the end of the project

- Evidence of different groups of staff who contribute to the patient pathway, and who had not met prior to the project, now having conversations and involving patients in their discussions
- Improved understanding about the relational and person-centred dimension of our health and social care systems that enables us to take a human approach to quality improvement
- Areas for improvement along the COPD patient pathway have been identified and some progress made in testing small improvements
- Project created a sense of togetherness not previously experienced, resulting in teams feeling motivated and empowered to work with patients to improve things from a patient perspective

Challenges

- Both surveys originated in the US, the Patient Integration survey in particular required considerable adaptation for use within the Scottish healthcare context.
- Surveys have never been used together before and it was challenging to combine the results from both surveys in a coherent way. Suggestions for fine tuning of the surveys to link them more effectively for future use are included in our evaluation.
- The surveys produced an overwhelming amount of information which required a considerable amount of work to gather, record and analyse. We have not yet fully utilised all of the data, however we will feed it into the wider respiratory service improvement work in our organisation
- Analysis of survey results concurred with existing evidence that those people in the poorest health saw significantly more different types of health professional than those in better health. Unsurprisingly communication problems for this group increased as the number of people involved in their care increased. This group also found it most difficult to manage their health. Our improvement work will use the results to design improvements to address this issue.
- Project was more complex and time consuming than anticipated, however we reassessed our priorities throughout and were able to provide additional project support to implement our project plan
- Some identified improvements require a change in culture, as well as in the way teams work together. The integration of health and social care services in Scotland supports these changes, although the impact will take beyond the project timescale to emerge.

Conclusions

The surveys provided a basis and new lens for reflection and discussion from different perspectives, that kick-started an action-focused drive towards achieving quality improvements across the COPD health and social care continuum.

The project provided valuable insight, from service users' perspectives of the complexity of the health and care systems that they are attempting to navigate. This helped focus discussions on how we can work with service users to make our systems more integrated and person-centred.

We were successful in bringing service users and staff together in a positive, inspiring and energising way that has enabled communication and relationships to have significantly increased prominence in improvement work.

Our work has broken new ground in this respect, and provides a fresh dimension and excellent platform on which to progress improvement initiatives and build a quality improvement and learning culture.

Part 2: Progress and outcomes

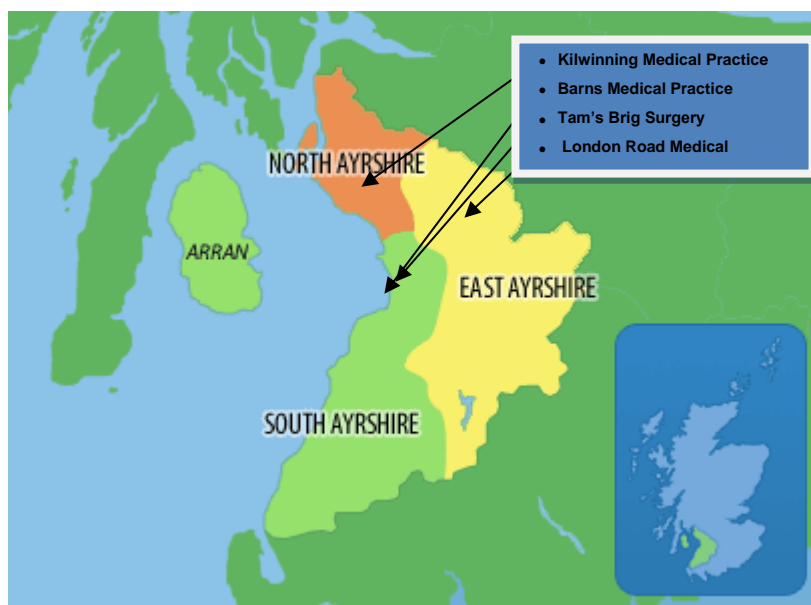
Engagement and Survey Adaptation

The first phase of our project involved

- Engaging health and care staff, and patients to take part
- Adapting the Patient Integration Survey and Relational Coordination Survey, to fit with the Scottish healthcare system and project context

Engagement

Four General Practices volunteered to participate, and the COPD patient cohort was identified from their existing COPD registers. 1003 patients were identified for inclusion.



GPs and Practice Nurses from the four Practices, and a selection of health and care staff, from primary and secondary care involved in the COPD patient pathway were engaged (n=158).

From the outset we experienced willingness to participate and a genuine interest in improving the integration of patient care. Central to this was the principle of applying a collaborative working approach throughout.

Adapting the Surveys

As both surveys originated in the US, our first step was to adapt them to the Scottish context to ensure relevance to our target audience.

The Relational Coordination survey required only minor tweaking and was quickly ready for use.

The Patient Integration survey required careful consideration and considerable work to ensure its integrity and robustness. We held discussions with the survey author and consulted with patients from local Breatheasy groups.

Implementation

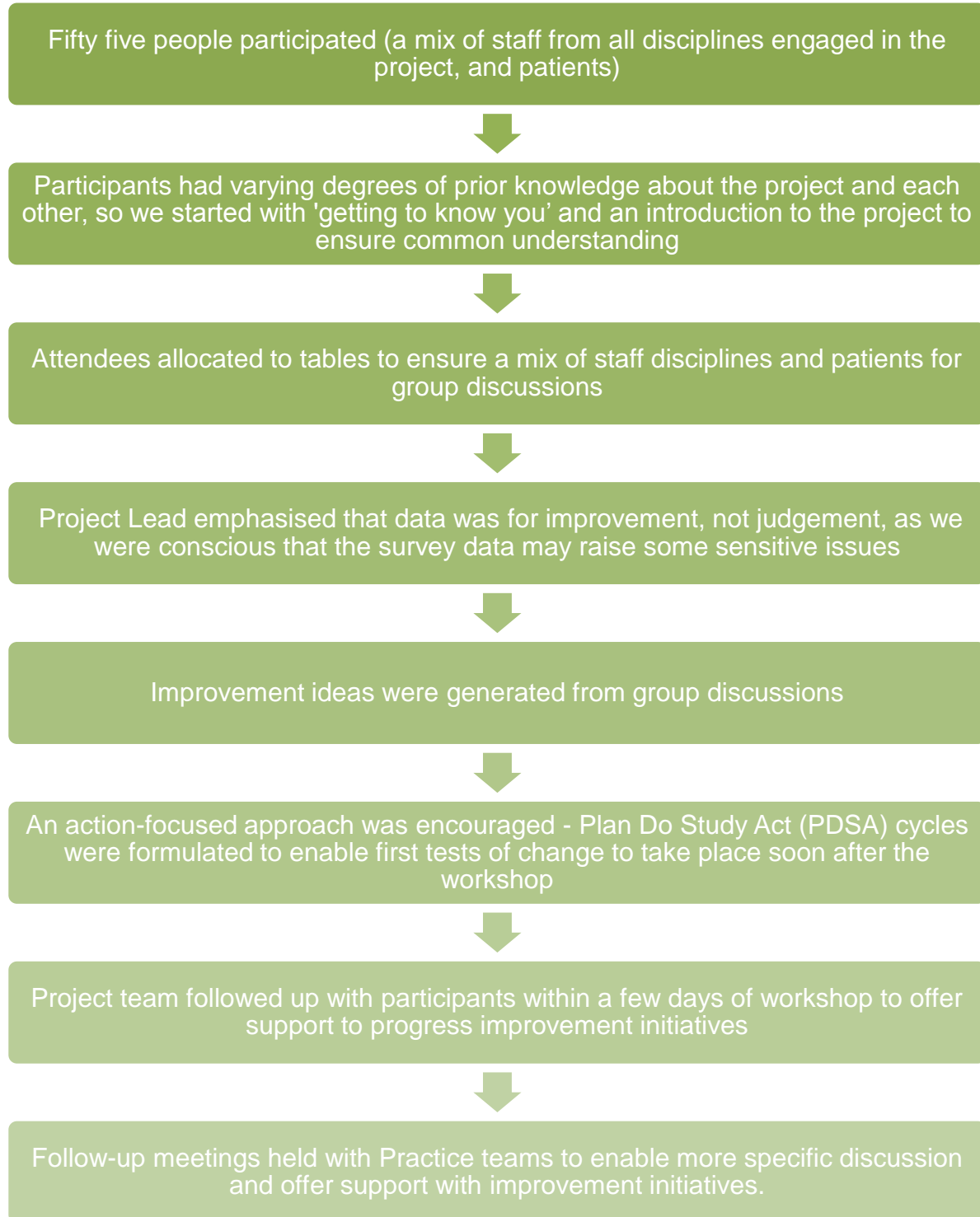
The five-week survey period began on 1st October 2015.

Patient Integration Survey		
<ul style="list-style-type: none"> • 74-question survey • Posted to patients with prepaid return envelope • Option to complete online • Reminder sent after two weeks • Process managed by Project Team 		
Number of surveys issued	Number of surveys completed	Response rate
1003	501	50%

Relational Coordination Survey		
<ul style="list-style-type: none"> • 7-question survey • Online survey but paper option available on request • Weekly reminder sent for duration of survey period • Process managed by external organisation (Relational Coordination Analytics) 		
Number of surveys issued	Number of surveys completed	Response rate
151	102	68%

Improvement Workshop and Practice Meetings

We held a workshop in January 2016, to feedback survey results and facilitate conversations that would lead to prioritisation of improvements. *Workshop presentation provided, Appendix 5.*



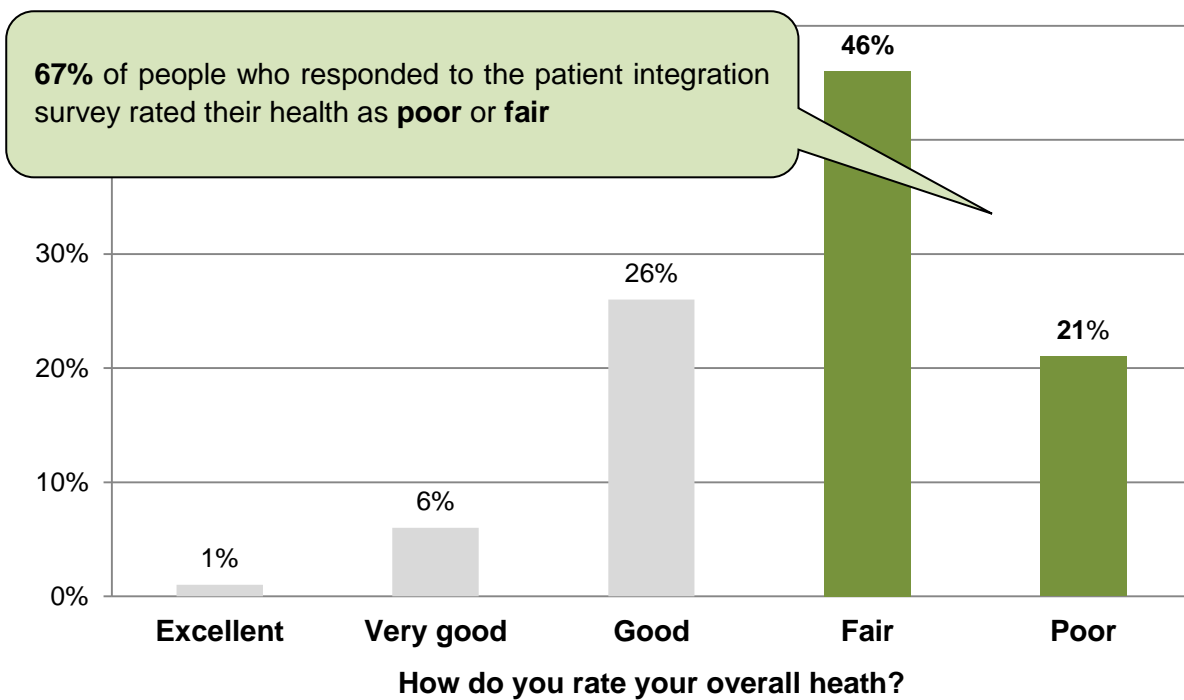
Analysis of Data for Improvement

Analysis of survey results and of the links between the two surveys was undertaken by the Project Team and an independent statistician who produced two detailed reports which:

- Analysed results from Patient Integration survey (*Appendix 3*)
- Identified areas where links between the two surveys could be improved if used together as improvement tools in the future (*Appendix 4*)

Patient Integration Survey

Health status of respondents



Key points:

- Those in **fair** or **poor** health saw significantly more and different types of health and care professionals.
- Those in **fair** or **poor** health found it most difficult to manage their health
- Communication problems increased as the number of people involved in patient's care increased, underlining the importance of integration for those in poorer health

What's working well

Patient Integration survey results highlighted aspects of the pathway that are working fairly well. Key results:

75% of patients felt that healthcare professionals they saw in their General Practice team **usually or always** seem informed and up-to-date about the care they get from specialists

67% of patients reported that when they see a Specialist, he or she **definitely** seems to have enough information about their medical history

76% of patients felt their General Practice team had **good or excellent** knowledge of their values and beliefs that were important to their care

69% of patients reported that when someone in their General Practice team ordered a blood test, x-ray or other test, they **usually or always** followed up with the patient to give them the results

74% of patients reported that someone in their General Practice team has given them advice on how to take care of their health

79% of patients reported that these test results were **usually or always** presented in a way that was easy to understand

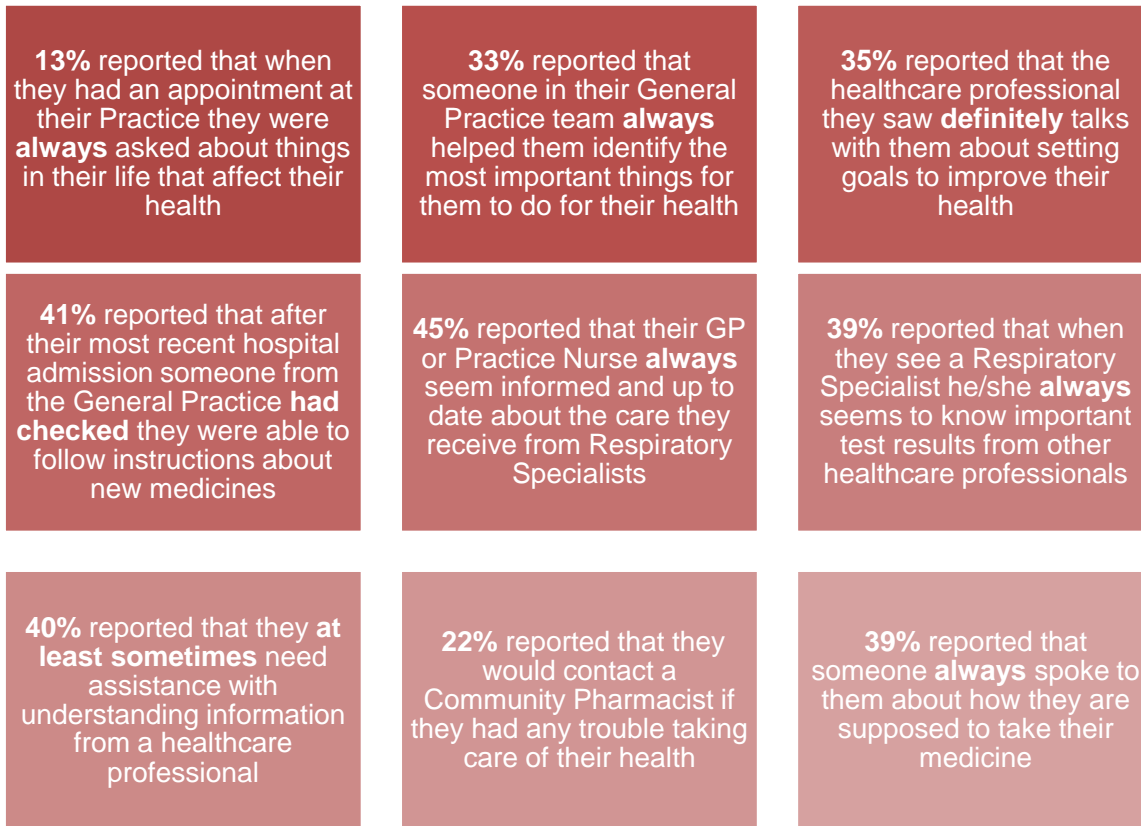
73% of patients reported after their most recent hospital stay, members of their General Practice team **definitely** seemed to know the important information about their hospital stay

77% of patients reported that during their most recent hospital stay, the instructions they were given about caring for themselves at home were easy to understand

78% of patients reported that they had **no problem at all** bringing up concerns about their health with a healthcare professional

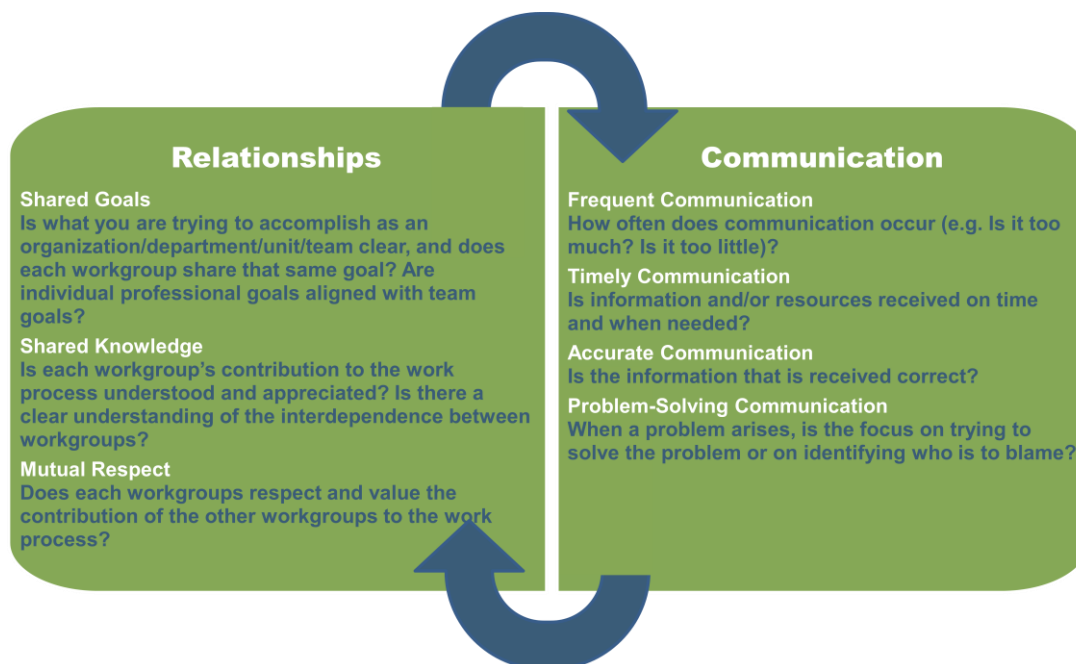
Potential areas for improvement

Some areas for improvement were also highlighted:



Relational Coordination Survey

The survey measures effectiveness of relationships and communication between and across teams and covers seven dimensions;

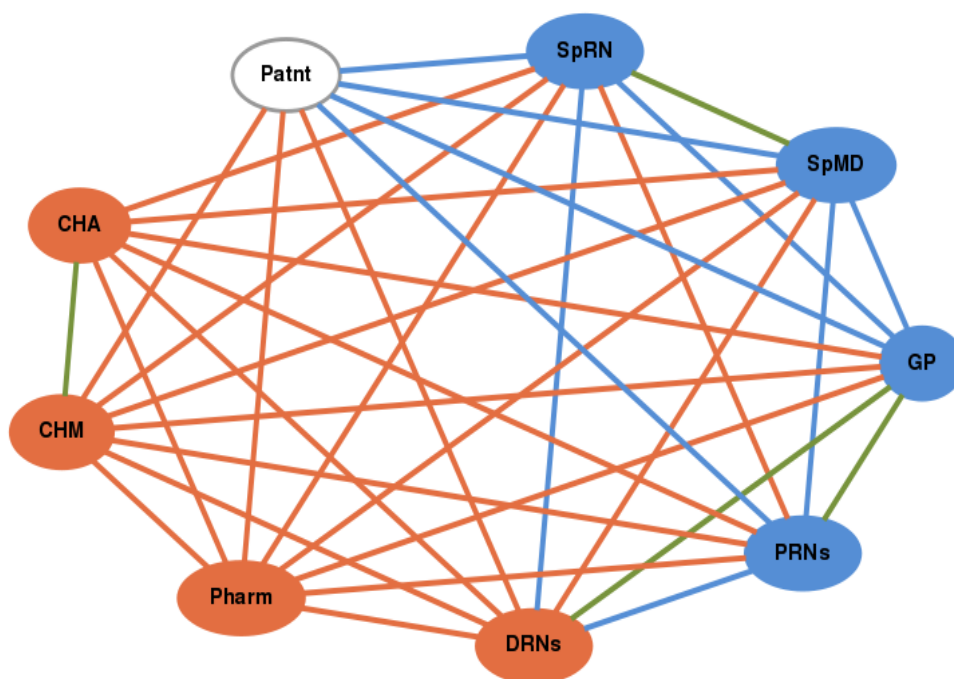


Analysis of the results was undertaken by Relational Coordination Analytics (RCA).




Survey results are most easily understood as an ‘average ties map’ that displays interconnections between teams within the network of people providing care for COPD patients.

When feeding back the results it was important to reinforce that the survey was not intended as a report card, but rather a trigger for reflection and improvement.

Collective results were used to produce the average ties map below. *Personalised maps were produced for discussion with each General Practice and associated team as it was important to consider each map in the context of each team and local circumstances.*



Key to Abbreviations

Weak		Patnt	Patient	SpRN	Specialist Respiratory Nurse	SpMD	Specialist Respiratory Doctor
Moderate		GP	GP	PRNs	Practice Nurse	DRNs	District Nurse
Strong		Pharm	Community Pharmacist	CHM	Care at Home Manager	CHA	Care at Home Assistant

The colour of each bubble indicates the strength of relational coordination ties within that workgroup. Each line between bubbles indicates the average strength of the relational coordination tie between the two workgroups connected.

Green areas denote characteristics of high performing teams, so any areas that are not green are possibly target areas for improvement.

As displayed above, for example there is;

- Very good (strong) link between GPs and Practice Nurses (green line)
- Good (moderate) link between GPs and Specialists (blue line).
- Good (moderate) link between GPs and Patients and Practice Nurses and Patients (blue line)
- Orange lines may be an indication that there is little interaction between these teams or that working relationships could be improved.

Reflections from health and care staff

- General agreement that it was interesting to see the strengths/weaknesses of the ties between workgroups as a *starting point* for discussions to improve integration.
- Important to recognise that weak (orange) connections on the matrix are not necessarily a negative as some connections won't necessarily impact on integration of care.
- Feedback provoked discussion and consideration of what could be done to strengthen ties where relevant.
- Care doesn't always need to be delivered by a team to be integrated as this can be achieved by one person who has the time and relevant skills
- Helped reflect on how communications and relationships can help or hinder care integration
- Consensus that without the relational coordination feedback team communication and relationship issues would have remained beneath the surface, not allowing an opportunity to explore how better coordination could be achieved. As a result it has motivated some people to bring different workgroups/teams together to identify improvement opportunities.

Consolidating our understanding

We held a patient and family carer workshop using 'story telling' techniques. Due to the length of the patient survey this helped us 'cross-check' key themes and consolidate our understanding about what matters most to patients. (Report, Appendix 6).

Storytelling Techniques

'Role on the Wall'

Participants create fictional characters they can each see themselves reflected in. This establishes a safe and positive space for participants to offer their ideas, thoughts and feelings.

'Hot Seating'

Participants take it in turn to sit in the 'hot seat' as the character the group have created. Others in the group ask questions about the character. This helps the group delve deeper into their character and gives them a voice.

Ian's story

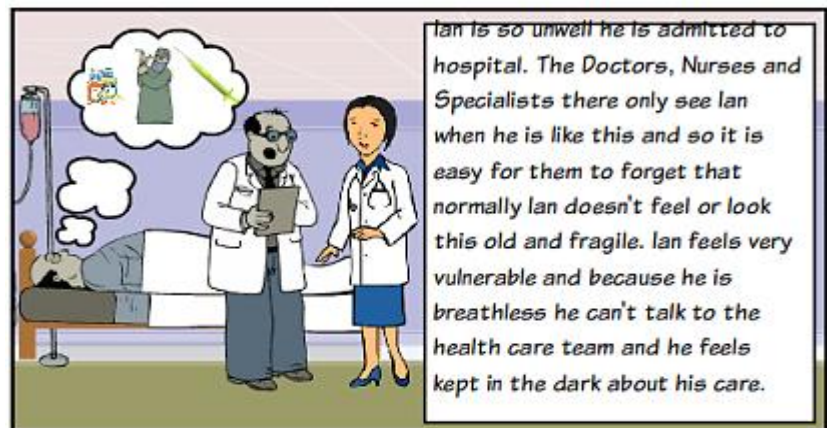


- Male, 62, married
- 2 children, 3 grandchildren
- Lives in Ayr, semi-detached house
- Has COPD
- Also has diabetes
- Mild depression
- Arthritis
- Wears hearing aids
- Visual impairment
- Varicose veins
- Tries to be active, enjoys gardening and is a member of the social club where he likes to have a beer.
- Loves watching sport on TV and is a huge Ayr United fan
- Favourite meal is mince and potatoes
- He has many people who care about him

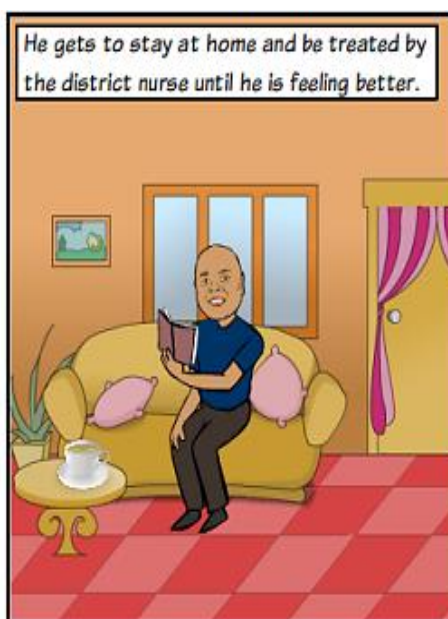
Sometimes Ian is admitted to hospital

Normally Ian is an active person. When he gets an acute attack and is hospitalised it can feel like the rug is pulled from under him. Suddenly he is an old man and this frightens Ian.

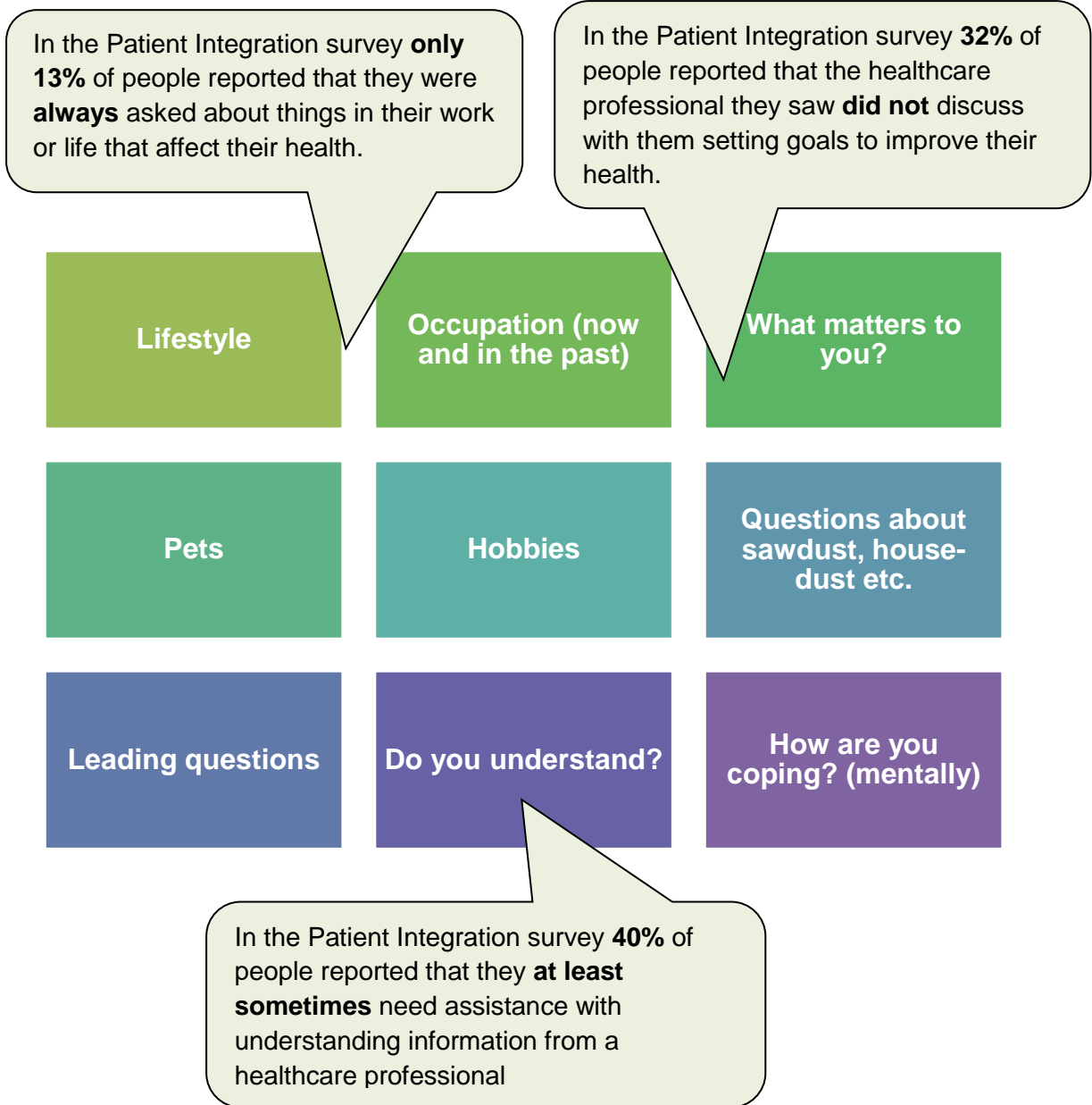
Ian doesn't feel that he gets enough information about his care when he is unwell. In the moment, he finds it difficult to take everything in and is not feeling up to asking questions. Ian would like more time and better communication from his health care team



For Ian there are a few things that could make his experience much better when he is unwell



Additionally, there are a number of things that Ian felt that he should be asked by health and care professionals but isn't...these include questions about:



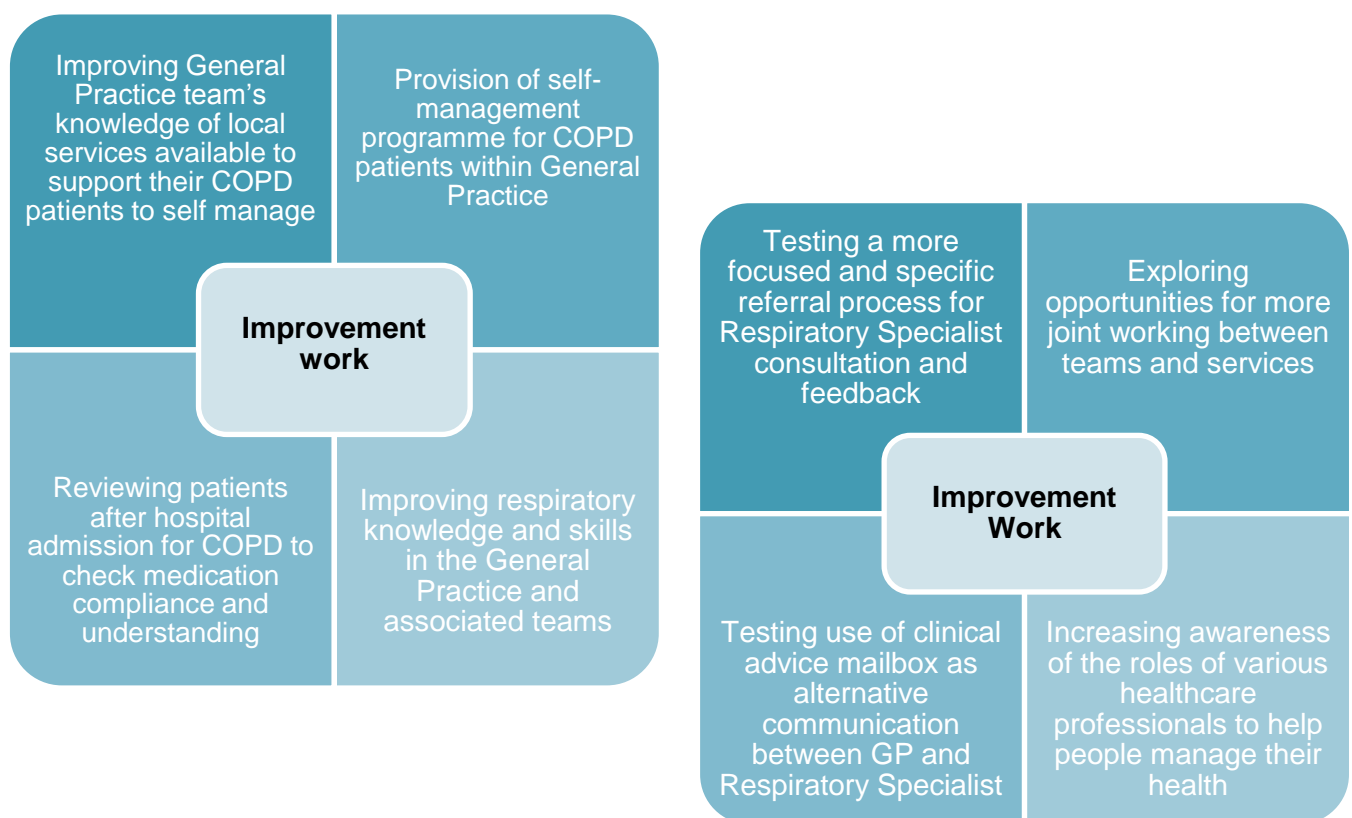
Improvement Work

As a result of responses from both surveys followed by discussions with General Practices, teams and patients, several improvement ideas emerged.

Individual Practices have identified improvements to address specific issues highlighted in their survey results and are being supported by the Project Team. Respiratory Specialists are leading on several initiatives.

Initiatives take account of system and process issues as well as aspects of communication and relationships that collectively contribute to integrated patient care.

Initial initiatives being progressed are outlined below. (*Summary of progress provided in Appendix 7*).



Learning from the initiatives will be disseminated to enable wider spread of the improvements.

Part 3: Cost impact

Our project was a quality improvement initiative aiming to improve patient experience and quality of care across integrated health and social care pathways by using a combined trio of methods. The project was not financially driven, and reduced costs are not a primary outcome. The intention of our project was not to shift resources or funding, but to improve patient experience and increase quality, efficiency and coordination along the COPD patient pathway. As a result we do not anticipate cost and resource savings overall. However, we know that fragmented, inefficient services working in isolation are unlikely to be cost effective, and that improved integration and joint working is likely to result in more effective and efficient use of resources.

Using 'Ian' as an example;

- He doesn't feel that he gets enough information about his care and how to manage it
- In the moment, he finds it difficult to take everything in and doesn't always feel up to asking questions
- He would like more time and better communication from his health care team

A more integrated system will support Ian better and is likely to be more efficient and cost effective.



Positive indicators for person-centred, integrated care

- Patients feel confident and supported to manage their condition
- Patients have better knowledge of condition, e.g use of inhalers and medication
- Patients know how to contact the right health and care professionals for prompt support
- There is more effective communication between healthcare professional and with patients

More efficient and effective use of resources

There is also potential for our workforce to become a more efficient and high performing resource as a result of improving relational elements within and between services and teams, and with patients. As well as increasing individuals' job satisfaction, a more cohesive workforce that has common aims, mutual respect and shared values is likely to be more effective and cost effective.

We believe that our project has established the foundation of a learning network which we will build on to further develop improvement and shared learning capability within and between teams, and with patients. Similar to high performing organisations a learning culture will result in better quality and improved efficiency of services. Evidence tells us that improvement of quality does translate into cost savings, however any financial impact would need to be considered over the longer term and would need a detailed assessment, such as a cost benefit analysis.

Cost of implementing the project

The cost elements to our project relate to the surveys and implementation of the project plan which was in line with our budget, and which has been signed off by our Finance Department.

Project costs:

- Relational Coordination survey costs for administration of survey, analysis, production of reports (costed for 4 General Practices and associated teams)
- Clinical leadership time
- Project Management/support staff time
- Workshop venues and hospitality
- Costs relating to teams attending meetings/workshops
- Costs relating to time for planning and testing improvements

The scope of our project, and the project funding, enabled us to work with only four General Practices and associated health and care teams. There would be some economies of scale if the project is to be spread, but a significant amount of additional funding would be needed to replicate the project with the 50+ General Practices across our region.

However, we would suggest that the robust data and information we have gathered reflects patient and health and care professionals' experience of the local care pathway, environment and culture which has credible applicability to other similar clinical settings and professional contexts. This could form the basis of developing quality improvement initiatives on a wider scale without the need to repeat the surveys. This would be a cost efficient way of utilising the evidence and learning from this project economically.

Discussions regarding future funding requirements will be needed with the three Health & Social Care Partnerships that cover the Ayrshire & Arran region. There are opportunities for such discussions as part of ongoing improvement work focusing on respiratory and other long term conditions.

Part 4: Learning from your project

Achievements against project aims

This was an ambitious project in terms of:

- implementation of the three strands of work
- cultural, relationship and organisational challenges that it aimed to address
- achieving measurable outcomes in the project timeframe.

It was our ambition that the project would provide a stimulus for increased collaborative working within and between teams, and with patients, to improve care integration. This was achieved as we have succeeded in establishing a basis from which better collaborative working has started, and in a way that has not happened before.

Ultimately we envisage partnership working and co- design of services between patients and health & care teams, leading to improved patient experience as well as a workforce that understands problem issues better and feels more empowered to implement changes that will improve the situation.

We found a genuine interest in the project from patients and staff groups, and importantly a readiness to work together differently.

As well as the excellent response rate for both surveys the interest and involvement of patients and staff throughout the project, at our various meetings and events, has been very encouraging.

The Scottish health and care integration agenda, as well as local context and priorities, provided helpful drivers for the project. These drivers will continue to support our work beyond the project.

The combination of survey results has uniquely provided a basis for reflection, discussion and improvement in relationships and communications as well as system and process developments.

Identified improvements have been progressed by Practice teams and Respiratory Specialists with the support of the project team, who will continue to provide support beyond the project. (*Appendix 7*)

Two in-depth reports were produced by an independent statistician as part of our evaluation (*Appendices 3 and 4*). These give valuable insights that we will apply in taking forward the learning from this project into future improvement work.

The project has been successful in breaking new ground and facilitating new relationships and conversations between the various stakeholders and a new sense of the connectedness of the individual strands of the service. As a result, there is evidence

of growing confidence and trust, and a move towards more integrated working. This provides an important foundation for the future.

Challenges, including things that didn't work out quite as planned

There were practical difficulties in implementing the surveys that resulted in more project team time being required than originally estimated.

- Patient Integration Survey – due to the excellent response rate (501 surveys) as well as the number of questions in the survey (n=74), the collation, recording and analysis of results was very time consuming
- Relational Coordination Survey – although there was eventually an excellent response rate, it took a good deal of time by the project team to chase up staff by email and telephone to achieve this

Both surveys have mainly been used in research before and it has been helpful to test them together as tools for improvement, but we consider that further refinement of the surveys is needed to use them practically for improvement. We will share learning with US authors and seek their guidance and support for future iterations. Additionally, reflection and feedback from patients and staff teams suggests that the surveys in their current format are not entirely suitable or sustainable for wider rollout. An output from our evaluation (*Appendix 4*) provides suggestions for future use, including;

- Reducing the number of questions in the Patient Integration survey to make it more useable and sustainable. Guidance to be sought from both survey authors
- Creating consistency in the question format, reference period and response scales in both surveys so that results can be more easily compared
- Matching the health and care professionals invited to complete the Relational Coordination survey more closely with the health and care professionals addressed in the Patient Integration survey.

The full Relational Coordination data analysis was too detailed for the infancy of our work in this field. With advice from the US Relational Coordination experts we provided high level data as a visual matrix to stimulate discussion with teams, which worked fairly well. As our knowledge and understanding of Relational Coordination develops we will be in a better position to utilise the data more extensively.

Collectively the surveys gave us so much data that it was challenging to distil and assimilate it all effectively for practical improvement work. We will continue to feed relevant data into ongoing respiratory improvement work beyond the project.

Progressing improvement ideas to the testing stage has been challenging for teams due to lack of time, lack of capacity to take on more work and other emerging local priorities. However, some progress has been made (*Appendix 7*), and we will be able to

continue to support teams to test improvements beyond the project as part of wider respiratory service improvement work.

In the short project timescale it has not been possible to measure outcomes such as reduced healthcare utilisation and enhanced patient experience of integrated care. However, during the course of the project we recognised that the value of collaborative working, and the motivation and enthusiasm of staff and service users that became apparent as a result of this, was a more meaningful success factor within the formative stage of our work.

Project team reflections and advice to others attempting a similar project

- Organisational buy-in and sponsorship is vital to the success of the project. This is more likely if you can demonstrate how your work will help achieve organisational aims
- Have sufficient, dedicated project management and facilitation time available to implement the project
- Leadership, project management, influencing, facilitation, coaching and service improvement skills are needed to ensure comprehensive effectiveness of the project
- Be realistic about what you can achieve in the available timescale, ie inputs as well as outcomes
- Get engagement from key staff, services and patients as early as possible.
- Invest time early on in *meeting* key people – it's worth it in the long run
- Use small group meetings with teams to provide feedback and learning (e.g from surveys and other activities), and have discussions about improvement priorities. More effective and beneficial than larger workshops.
- Patient Integration survey is available for use, free of charge (permission of the author required)
- Relational Coordination survey is managed by Relational Coordination Analytics (RCA); there is a significant cost
- Use IHI methodology to guide improvement work
- A balance is needed in the amount of data that is useful to generate improvement work. Busy teams don't have time to analyse large amounts of data. Consideration should be given to what are the 'vital few' data points in both these surveys
- Involving service users along with professionals right through the process was extremely beneficial, and modeled collaboration and co-production that we aspired to create

- We were inspired by the eagerness of service users and members of Breatheasy Groups to give their perspectives. Investing time and effort to gain effective service user engagement is extremely worthwhile
- Storytelling techniques were useful in pinpointing what matters most to patients. We would recommend this

We are happy to share our experience with others who may be interested in replicating the project in their area.

Part 5: Sustainability and spread

Plans to sustain the intervention beyond the end of the programme.

Testing the use of the two surveys combined with improvement methodology has been an innovative approach to quality improvement, which has resulted in some valuable learning. We will be using the valuable information, intelligence and learning we have gathered, combined with the momentum we have established, as a basis for ongoing quality improvement initiatives. This project was a defined but formative part of a longer-term ambition. Further development work will help create a simpler, more locally relevant approach to make implementation more straightforward and sustainable.

Our project largely used the two surveys 'off the peg,' and on reflection finer tuning is needed to link them more effectively. Our evaluation (Appendix 4) identifies some areas for improvement that we will share as learning with the US survey authors.

There is no doubt that the relational coordination element, in particular, has provoked and enabled discussions within and between teams that is unlikely to have taken place otherwise. We believe that the relationship and communication aspects that relational coordination encompasses are vital considerations in any improvement work, and we are considering how best to integrate this in ongoing improvement initiatives. We will share our learning with our Quality Improvement colleagues locally in order that the learning may be integrated in wider organisational improvement work.

In terms of the Patient Integration survey, we are discussing how best to apply the valuable information we have gained, as well as considering the recognised need to have it refined for further use.

The project has resulted in kick-starting a drive to achieve quality improvements across the COPD pathway. Whilst the full potential of the improvements to the pathway has not yet been achieved there are opportunities to continue the improvement work in the organisational respiratory improvement work stream.

Respiratory is a priority area for NHS Ayrshire & Arran and the three local Health & Social Care Partnerships. The established Respiratory Managed Clinical Network (MCN) infrastructure will enable the learning and benefits from the project to be incorporated in future plans. The Project Lead and Project Manager are key members of the Respiratory MCN which will provide continuity, and enable the experience and learning from the project to strongly influence MCN improvement plans.

Additional resources needed to support this work beyond the funding period

Beyond the project we will continue to support the existing four General Practices to progress the improvements they have identified, and this work will contribute to the Respiratory MCN improvement plan.








Plans to spread wider are not fully formed, however we consider that the robust data and information gathered in this project can be used credibly throughout the region as a

basis for quality improvement initiatives without the need to repeat the surveys. This will be taken forward through the Respiratory MCN.

Continuous quality improvement is a priority within our organisation, and the organisational culture supports our ambition and efforts to improve care integration. The experience and learning we have gained will feed into ongoing organisational improvement work streams and development.

Appendix 1: Resources and appendices

Please attach any leaflets, posters, presentations, media coverage, blogs etc you feel would be beneficial to share with others.

Appendix 1	Patient Integration Survey	 Integration_survey_ Renumbered to match
Appendix 2	Relational Coordination Workgroup Survey	 Working Together to Improve Respiratory
Appendix 3	Working Together to Improve Respiratory Care in Ayrshire & Arran: Analysis of Patient Integration Survey Results	 Integration Survey Analysis V2.docx
Appendix 4	Working Together to Improve Respiratory Care in Ayrshire & Arran: Linking the Patient Integration and Relational Coordination Surveys	 Linking Integration and RC V2.docx
Appendix 5	Workshop presentation – 26th January 2016	 Final Presentation_26 Jan
Appendix 6	Village Storytelling Report	 NHS Ayrshire and Arran Storytelling Re
Appendix 7	Improvement Initiatives – Summary of Progress	 Improvement Initiatives Progress