

# Integrated Care – What is important and how do we measure it?

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The **highest quality** health and social care for all, **always**

- Influence policy and practice so that health and social care systems are always centred around people's needs and preferences.
- Inspire the delivery of the highest quality care, developing tools and services which enable all experiences to be better understood.
- Empower those working in health and social care to improve experiences by effectively measuring, and acting upon people's feedback.



**Integrated care –  
what is important  
from a user  
perspective?**

# Person-centred coordinated care

*I can plan my care  
with people who work together  
to understand me and my carer(s), allow  
me control,  
and bring together services  
to achieve the outcomes important to  
me.*

# Generic narrative for person centred coordinated care...



My goals /  
outcomes

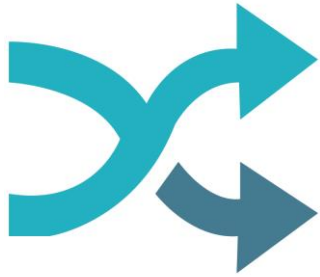
I am supported to understand my choices  
and to set and achieve my goals.



Information

I have information, and support to  
use it, that helps me manage my  
condition(s).

# Generic narrative for person centred coordinated care...



Transitions

I know in advance where I am going, what I will be provided with, and who will be my main point of professional contact.



Care planning

I know what is in my care and support plan. I know what to do if things change or go wrong.

# Generic narrative for person centred coordinated care...



Communication

I tell my story once.



Decision making  
inc budgets

I am as involved in discussions and decisions about my care, support and treatment as I want to be.



# Narrative for person centred coordinated care for older people also includes...



Community  
Interactions

I can maintain social contact as much as I want.



Independence

I can do activities that are important to me.

# Narrative for person centred coordinated care for older people also includes...



Taken together, my care and support help me live the life I want to the best of my ability.

Care and support

# Developing a patient reported measure of care coordination for use with older people

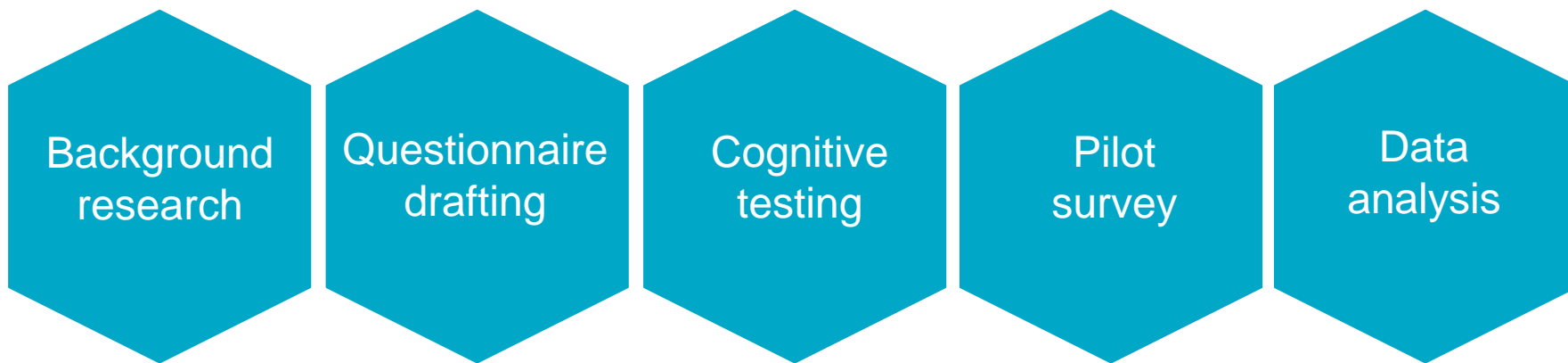


# Why measure care coordination?

- As populations age and the prevalence of chronic ill health rises worldwide, it is becoming crucial to improve the coordination of care.
- It is only patients, carers and their families who fully understand and experience the reality of fragmented services.
- There is an absence of measures of care coordination from the perspective of the service user.

**To measure is to know**

*to produce a tool that captures the experience of older people with chronic conditions about how effectively their health and social care is coordinated across organizational boundaries*



Background  
research

Questionnaire  
drafting

Cognitive  
testing

Pilot  
survey

Data  
analysis





## Background research




- Reviewed existing literature
  - National Voices' 2014 narrative for person-centred care.
  - International research into the concepts of coordinated care.
  - Existing tools, for completion by users, measuring coordinated care.



- Used existing questions or developed new ones.
- Grouped questions around three core areas where care coordination is considered important:
  - Care in the home environment
  - Planned transitions in care
  - Unplanned situations/emergency admissions to hospital
- Concepts and language of the draft survey were discussed at focus groups with older people with chronic conditions.
- Concepts and language also discussed with managers and clinicians from NHS provider & commissioner organisations and local government and voluntary organisations representatives.

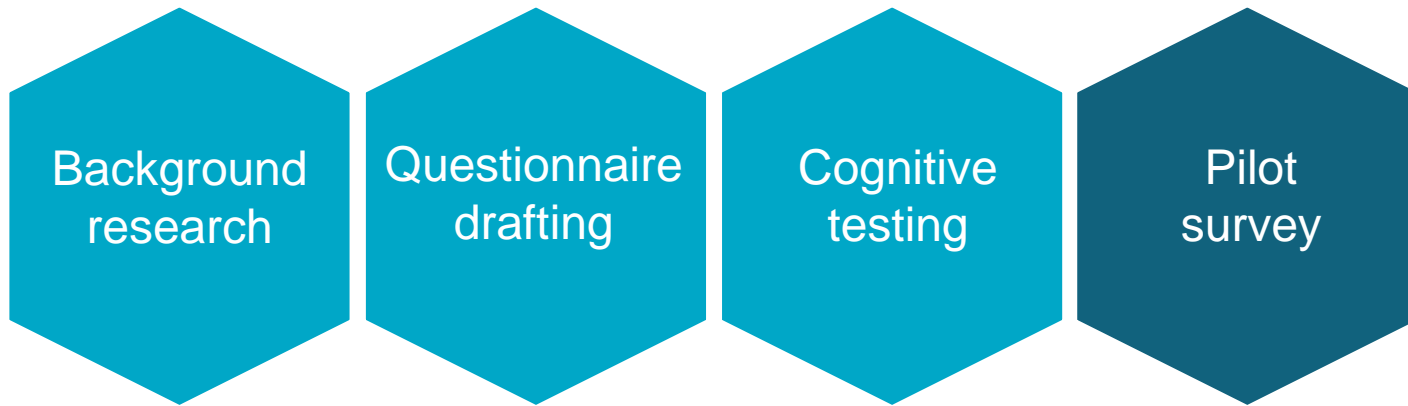


Domain	I statement	Question
 <p data-bbox="185 419 407 508">Community Interactions</p>	<p data-bbox="511 319 1108 408">I can maintain social contact as much as I want</p>	<p data-bbox="1172 269 1818 508">Thinking about how much contact you have with people you like which of the following statements best describes your social situation?</p>
 <p data-bbox="160 848 432 891">Independence</p>	<p data-bbox="511 698 1000 786">I can do activities that are important to me</p>	<p data-bbox="1172 698 1808 836">On the whole, are you able to do the activities that are important to you?</p>
 <p data-bbox="129 1225 463 1268">Care and support</p>	<p data-bbox="511 1048 1054 1186">Taken together, my care and support help me live the life I want to the best of my ability</p>	<p data-bbox="1172 1071 1818 1209">Do health and care services help you live the life you want as far as possible?</p>

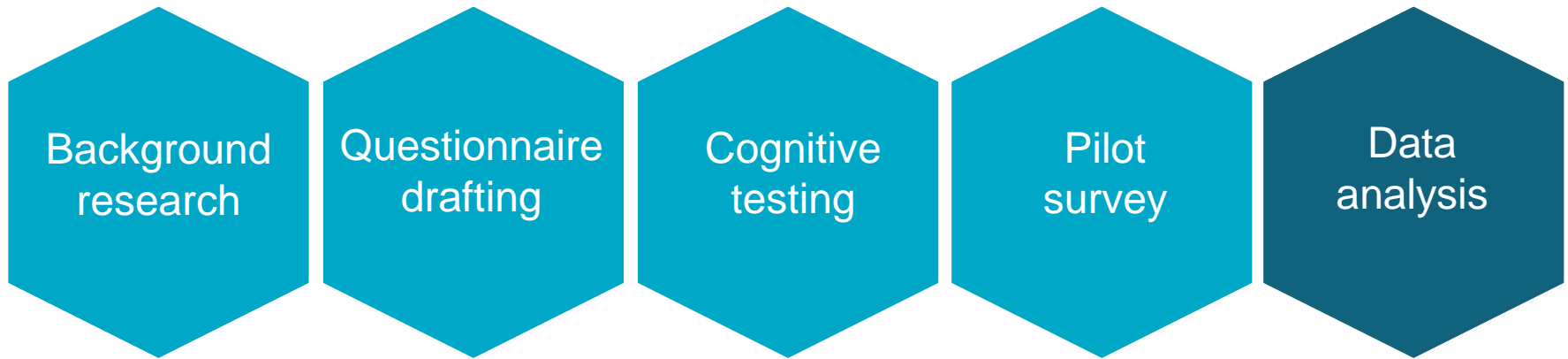
Domain	I statement	Question
 <p>Communication</p>	<p>I have one first point of contact.</p>	<p>Do you have a single named health or care professional who co-ordinates all your care and support?</p>
 <p>Care planning</p>	<p>I work with my team to agree a care and support plan.</p>	<p>Are your views taken into account when deciding what is in your care plan?</p>
 <p>Goals and outcomes</p>	<p>All my needs as a person are assessed.</p>	<p>In the past year, do you feel that any of your health and care needs have <b>not been</b> assessed?</p>



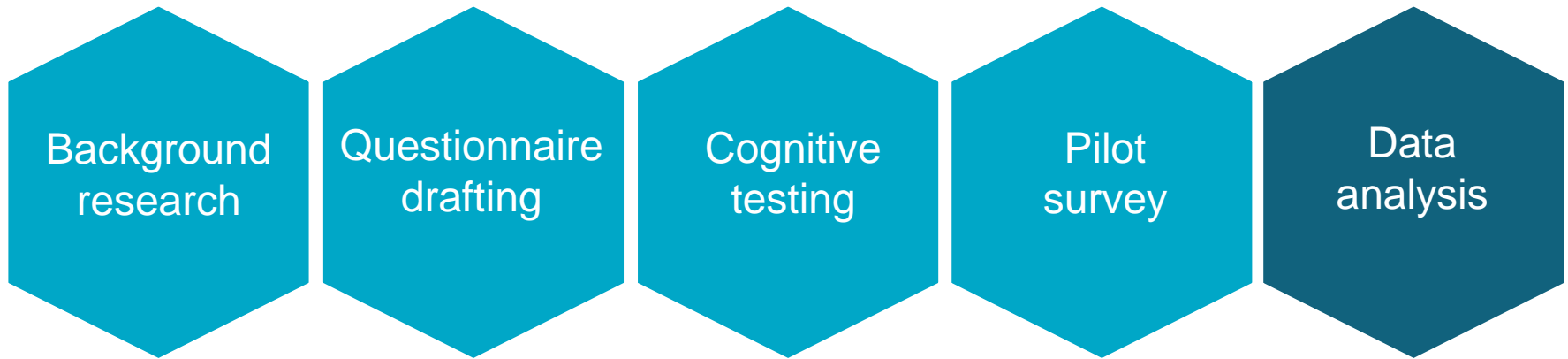
- 29 cognitive interviews with people in our target audience, to determine if the survey questions were understandable.
- The questionnaire performed well and seemed to resonate with patients' and service users' experiences.
- As a result of the cognitive testing a number of changes were made to the questionnaire before piloting.



- Self-completion questionnaire with 46 questions.
- The questionnaire was piloted in England amongst a sample of recent service users over the age of 65, who have at least one chronic condition.
- 5 sites took part with up to 600 surveys posted to patients at each site.
- Fieldwork was conducted in the spring of 2015.

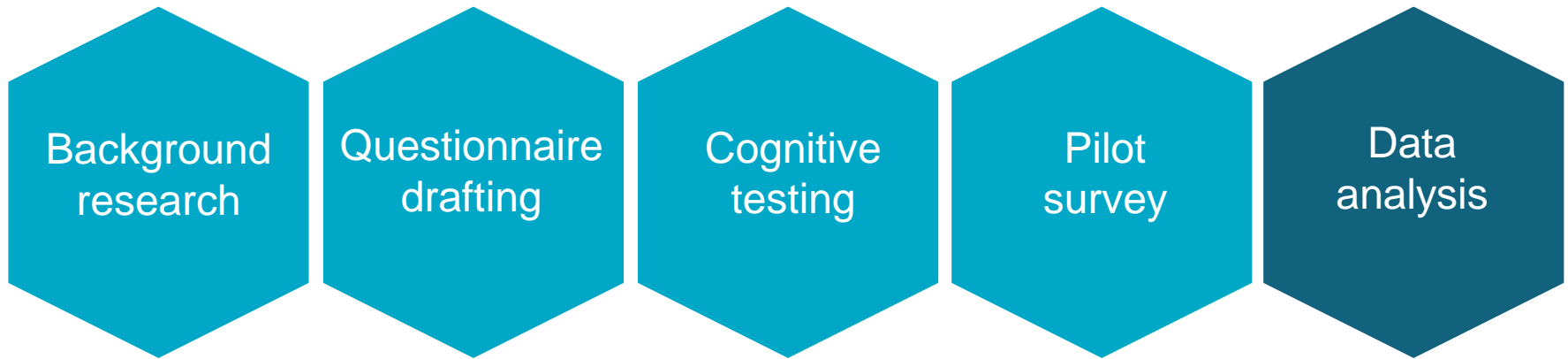


- Response rate of 27.6%
- 95% answered 30 or more of the 46 questions.
- Average item non-response 3.6%
- Only 3% of total comments (n=462) given to the questionnaire related to issues with the survey.



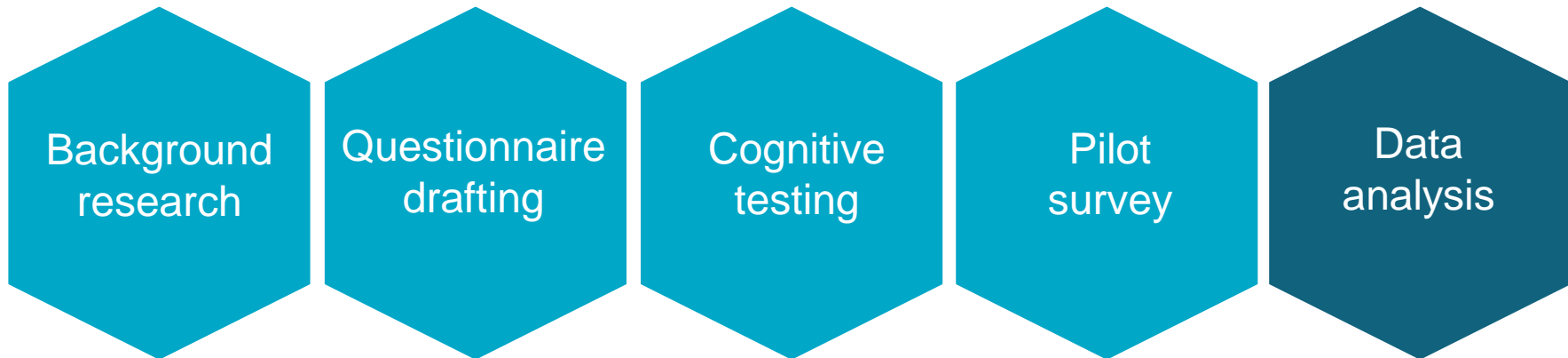
**Q2 On the whole, are you able to do the activities that are important to you?**

	<b>Number</b>	<b>%</b>
<b>Yes, I can do the activities important to me</b>	226	42%
<b>I have some problems with doing the activities important to me</b>	214	40%
<b>I am unable to do the activities important to me</b>	100	19%
<b>Total specific responses</b>	540	100%
Don't know / not sure	10	0%
Missing responses	12	0%
Answered by all		



**Q4 Do health and care services help you live the life you want as far as possible?**

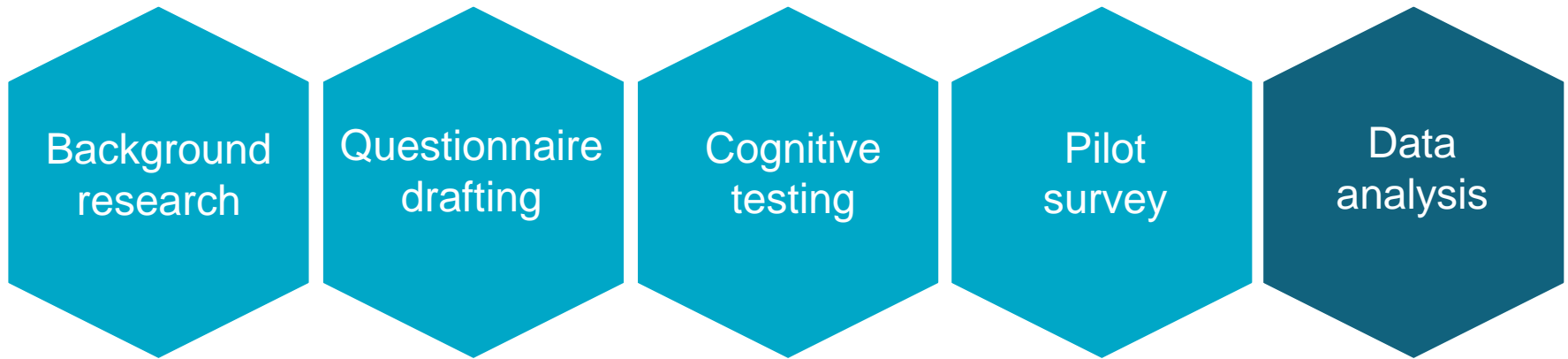
	<b>Number</b>	<b>%</b>
<b>Yes, definitely</b>	194	36%
<b>Yes, to some extent</b>	218	41%
<b>No</b>	125	23%
<b>Total specific responses</b>	537	100%
Missing responses	25	0%
Answered by all		



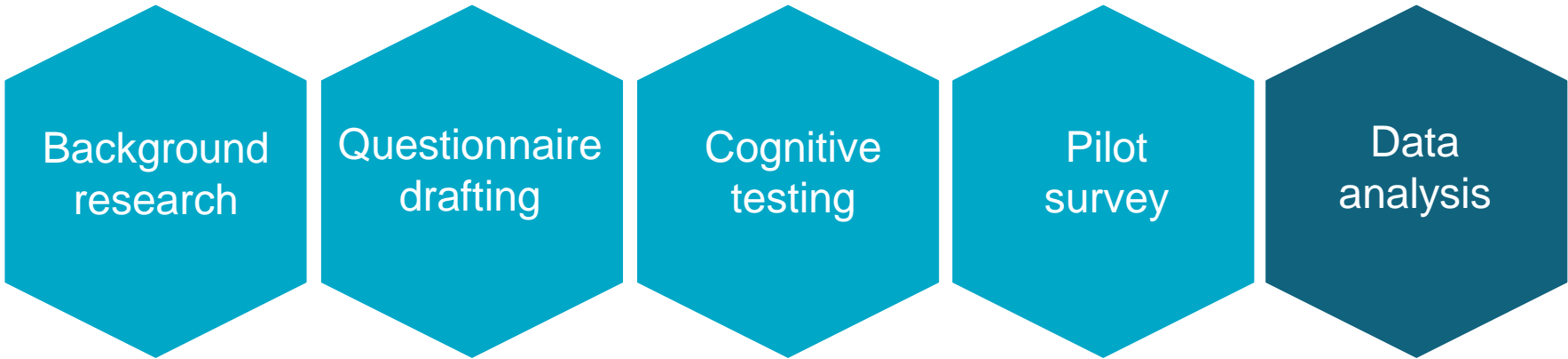
**Q16 Do you feel that health and care staff support you to make your own decisions about the care and support you receive?**

	<b>Number</b>	<b>%</b>
<b>Yes, definitely</b>	262	50%
<b>Yes, to some extent</b>	206	39%
<b>No</b>	60	11%
<b>Total specific responses</b>	528	100%
Missing responses	34	0%
Answered by all		





<b>Q17 Does the care and support you receive make you feel secure and confident about living with your condition?</b>		
	<b>Number</b>	<b>%</b>
<b>Yes, definitely</b>	225	45%
<b>Yes, to some extent</b>	212	43%
<b>No</b>	58	12%
<b>Total specific responses</b>	495	100%
Don't know / not sure	35	0%
Missing responses	32	0%
Answered by all		



<b>Q24 Do you have a written care plan?</b>		
	<b>Number</b>	<b>%</b>
<b>Yes</b>	85	17%
<b>No</b>	411	83%
<b>Total specific responses</b>	496	100%
Don't know / not sure	31	0%
Missing responses	35	0%
Answered by all		

# Is there anything particularly good about the care and support you receive?

- *“I have multiple illnesses so I get lots of medical staff, someone for each who specialises in that field, diabetic, COPD etc. But each one is aware of each condition. All have access to that information. I find that very helpful.”*
- *“I have excellent support and care from my GPs and Practice Nurse. All the team are aware of my health conditions and enable me to remain at home as long as possible prior to any admissions.”*

# Is there anything that could be improved?

- *“One person contact for all needs - I have to call different departments for transport and other social care needs.”*
- *“Better understanding of problems that are part of my everyday life.”*
- *“More literature on what problem (s) I may have in print. Not in medical jargon.”*

# Any other comments?

- *“I have to look on the internet to understand my illnesses and tablets as consultants and doctors don't seem to give me straight answers and there is not enough time allowed at appointments for detailed information or discussion.”*
- *“We are extremely grateful for the help we are getting. It took a long time for all departments and medical/nursing/finance departments to cooperate, so more needs to be done in this area.”*

# Next steps

- Launch the tool in spring of 2016.
- Assess the performance of the tool when used with different target audiences, such as those with a higher burden of chronic conditions, and those in younger age groups.
- Explore how successfully the tool is able to measure a change in patient experience when used at the beginning and end of an intensive intervention.

# Thank you!

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