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Implementing IT for integrated care: exploring processes at demonstrator pilot sites

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1. Context

Current health policy increasingly focuses on healthcare integration and access; various initiatives have been designed to support policy ambitions.

National	Local (Greater Manchester)
• Better care fund • National call to action in primary care	• Healthier together • Primary care commissioning strategy for Greater Manchester

In 2013, NHS England Greater Manchester (NHSE GM) invested in the development of six demonstrator pilots to support and test out the local primary care strategy.

The demonstrators

Six pilots were funded; each had to
- Support a community of 30,000 upwards
- Support the delivery of integrated services
- Make innovative use of technology

The pilots aimed to:
- Improve access to care
- Provide quicker and more convenient access to primary care
- Reduce attendances at A&E.

Examples of the pilots	Additional availability in general practice (offering evening and weekend appointments)	Case management for care home residents, provided by an advanced nurse practitioner, working with care homes, general practice and hospital
	A care diary, used by GPs, out of hours provider and A&E staff, to book patients into additional availability appointments	A rapid response service provided by district nurses, social workers and GPs

2. The evaluation

The NIHR CLAHRC Greater Manchester was commissioned by NHSE GM to conduct an independent evaluation of the demonstrators. We carried out a mixed methods study, including a process evaluation. The aim was to explore how the demonstrator interventions were defined and implemented over time. **This poster focuses on the implementation and use of information technology (IT) and information governance (IG).**

Methods: We used qualitative methods; semi-structured interviews were conducted with 91 stakeholders (summarised in figure 1) and a thematic analysis was undertaken.

Figure 1: Number of interviews (by pilot)

3. Findings

Effective management of IT was vital for each of the demonstrators. Several contextual factors, challenges and drivers were identified in relation to using IT at the sites.

Context → Activity → Outcomes
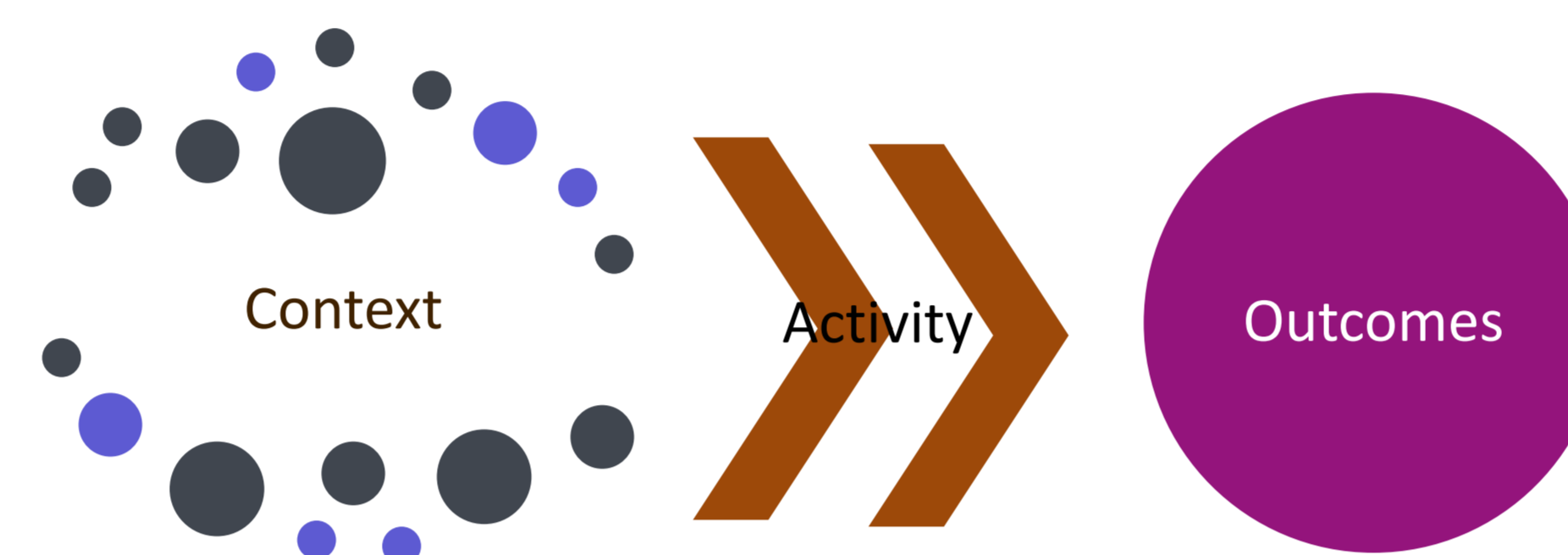
- Complexity of working across sectors and organisations
- Different GP systems and different ways of using systems
- Varying information governance requirements
- Existing working relationships
- Over-ambitions plans

- Technical failures
- Time pressure to set up pilots in just a few weeks
- Extra resources were needed
- Workarounds were necessary

- Some elements did not become operational, or were stopped
- Disappointment when ambitions not achieved
- Creative solutions emerged
- Evidence of improved working relationships

The challenge of forming new, working relationships across sectors

> We're a big organisation, we have very stringent governance procedures…what the demonstrator's done is put us working with small, independent businesses, and I guess there's a flexibility [for general practices]… I think they've been a bit frustrated in dealing with a fairly bureaucratic system… [the diary and care tracker] had lots of IG issues in them…there were processes to go through. We couldn't just say 'yeah, fine, we can do that tomorrow'…I think [GPs] found that challenging, because…if they feel like a change tomorrow, as long as the partners agree, they just do it. Obviously we can't just do it, and we've got to make sure we comply with all the legislation and guidance... (Hospital manager)

The importance of trust

> It's the simple hard stuff. It's the getting agreement for somebody else to put data onto a system that you're being paid for…it's trusting somebody outside to come in, that you've got really no control over. (GP)
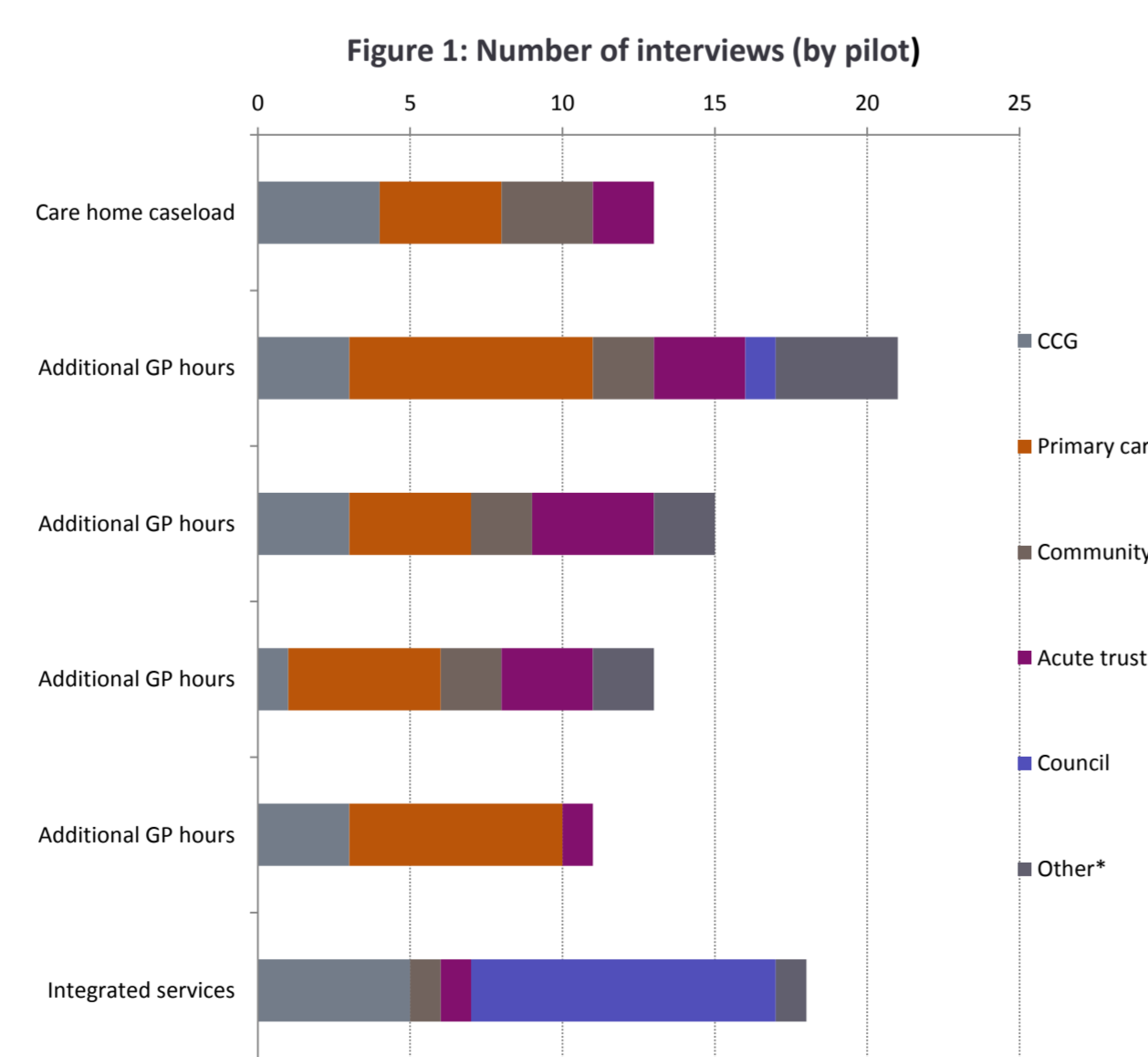
The value of collaborative working

> GPs are very protective of their patient data and rightly so. But because the GPs…are shareholders of this organisation, so they've got a vested interest… they work collaboratively, they know who they're sharing their data with and they'll know them intimately…you have to have some kind of collaboration going on in the background. (Federation Director)

A recursive process, whereby pilots both require and foster collaboration

> On the whole GPs…they're working on their own in their own little practices, and that's that, and it's hard to pull them altogether…the worst part of it was the IT, was to get everybody working together…we did operational development groups. The managers did them together…Previously, we didn't really have much contact at all…Now and again…the odd phone call…see some of them at the practice managers' meetings, that was about it…Since [the start of the pilot], I would probably say daily contact…especially the managers…Even, not to do with [the pilot]. We're much closer as a bunch…if one of us wants something, help with something, we all have our own expertise. Which we never tapped into before, and now we do. (Practice manager)

4. Discussion

- IT was a critical issue for the successful delivery of the demonstrators; it was essential as services relied upon integration of both clinical systems and user protocols in order to implement data and patient-record sharing. Challenges were identified at both operational (intra organisational) and strategic (inter organisational) levels at all sites. These challenges can be organised according to three categories: over-optimism regarding IT and it potential for integration; the contested IT roles of others parties; the unrecognised costs of IT change.
- IG also played a critical role in enabling or challenging delivery. Challenges relating to IG across all demonstrators involved: inflexibility of governance procedures; disparity in IG protocols between organisations; management of access to clinical records; difficulties providing honorary contracts and the underlying issue of trust.
- The findings are relevant to current and future policy ambitions for healthcare integration and access (e.g. those set out in the NHS Five Year Forward View).

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