



Developing an integrated care pathway in Norfolk: Process, application and transferability

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Introduction

Neurological Commissioning Support (NCS) is a non-profit, voluntary sector-led organisation. We aimed to develop and pilot an integrated care pathway (ICP) for Parkinson's with a clear process that could be transferred to any area or condition.

ICPs are designed to improve the quality of care, efficiency, and service planning by commissioners. NHS England now requires integration, but although clinicians and commissioners are eager, integration is seen as an overwhelming job. Therefore we designed simple, methodical steps for putting an ICP in place.

Background

Initial development was in Norfolk, Great Yarmouth and Waveney – two previous primary care trust areas with significant service overlap, chosen because of confused referral pathways and increased emergency neurology admissions. This was consistent with National Audit Office report findings (NAO 2011) and national failure to improve neurology services (hospital episodic statistics data [NHS Comparators]).

Methods

Drawing on previous work into creating an ICP

(Campbell et al. 1998; Davis 2005;

<http://www.icp toolkit.org>), our research included:

- population data from the Public Health Observatories (2012 Health Profiles)
- admissions data (hospital episodic statistics data [NHS Comparators])
- consulting with a group from each clinical service.

The following process led to the development of the

ICP tool:

1. Literature and data review
2. Formation of core professional advisory group
3. Initial consultation with professionals

4. Consultation with service users and carers
5. Consultation with professionals: stakeholder event and solutions brainstorming
6. Creation of ICP document
7. Final stakeholder consultation
8. Launch and actions taken forward.

- An ICP integrates tiers of care, but also maps patient-centred care across the disease course.
- A step-by-step process helps quantify the time and effort needed, and helps practitioners to understand the process.

Key findings (1)

- ICP development is time consuming and needs protected time for strategic work.
- Behavioural as well as service changes are needed.
- Some aspects of implementing an ICP are more challenging than others; however, work from other specialisms can be adapted.
- Researching and creating an ICP can reveal:
 - good practice,
 - where patients perceive quality,
 - simple solutions to inefficiencies.

The pathway

The pathway is designed to be interactive and easy to navigate. It is based on a four stage approach to Parkinson's care (MacMahon and Thomas 1998).

The overview pathway shows top-level care (fig 1) – almost every part of this represents a section of care rather than individual services. Each section can be looked at in finer detail – these are called 'close ups' (fig 2). Icons show where more information is available.

Fig 1. Pathway overview

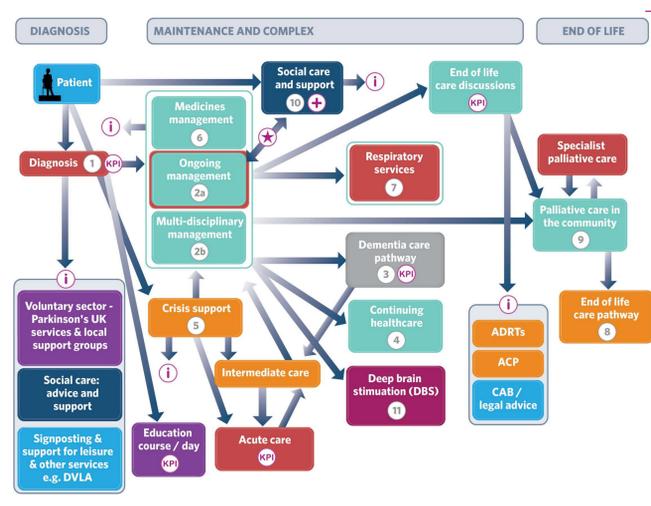
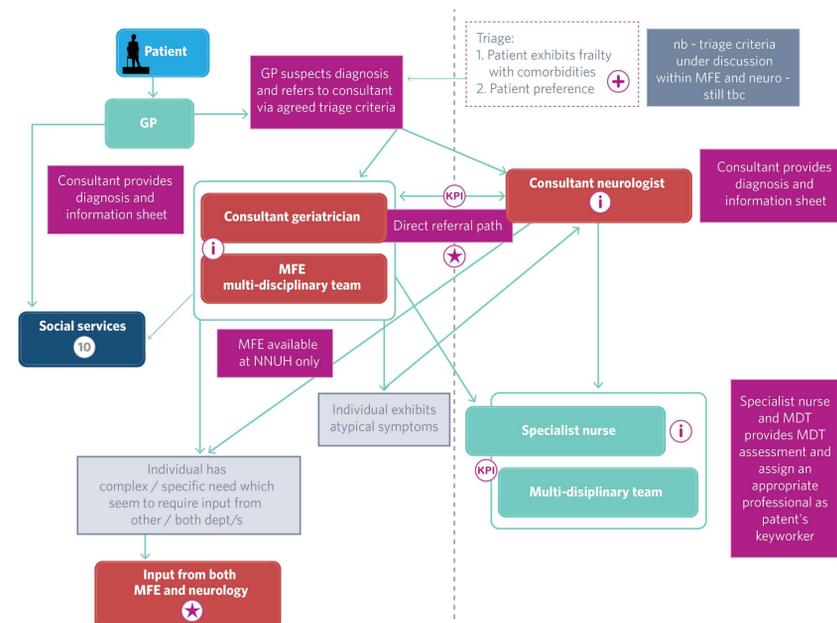


Fig 2. Pathway close-up



Transferability

We tested transferring the ICP development process to other areas. The process was broken down into seven manageable steps accompanied by practical resources, available on our website www.ncssupport.org.uk:

- 1 – Do your research
- 2 – Identify key stakeholders
- 3 – Contact key stakeholders
- 4 – Project planning
- 5 – Preparation tool with core group
- 6 – Prepare for action
- 7 – Hold your stakeholder event

You should then have sufficient information to create an ICP. A further step, 'review and audit the benefits', will be added once an ICP is in place.

Six 'action learning sets' (peer supported activity groups) of Parkinson's specialist nurses tested this step-by-step guide by replicating the feasibility of the process in their own areas. We wanted to establish the barriers to implementing the ICP in day-to-day working practice outside Norfolk. This was an online process plus four learning sets for face-to-face discussion.

Key findings (2)

The nurses needed extra resources to make progress:

- Stakeholders are often not known – a list of key individuals to involve helps planning.
- Basic business support like letter templates and details on how to organise meetings can often help, as administrative tasks like this have often not been done previously.

Barriers

Certain barriers hindered progress:

- Limited time and capacity
- Resistance to change & involvement in strategy
- Poor commitment and leadership
- Poor communication and coordination.

Lessons learned

- Manageable steps make integration more achievable.
- A designated project leader is essential.
- Solutions are often already available and delivered by another service, it's a matter of adapting them, e.g. end of life care.
- Electronic record systems benefit integration although do pose challenges too.
- The most efficient approach is to share good practice and not work in silos.

Actions for NCS

- Disseminate ICP process widely.
- Develop web template to aid easy development of ICP.
- Implement the model in Norfolk in collaboration with a designated implementation manager.
- Transfer the ICP model to:
 - other areas: South Tees, and Bristol
 - other diseases: multiple sclerosis (MS) and motor neurone disease (MND).