Integration:

- Prevention
- Organisation of primary care in its broadest sense
- Transitions of care from primary to secondary care
- Transitions from secondary (Acute and mental health) to primary care
- End-of-Life planning and care

Integration- Why???

- Without it the future sustainability of GP centric primary care will fail
- Efficiency and reduction in waste and duplication
- Improved quality of coordinated/integrated care

Integration:

- Must keep the needs of service users at the centre
- It will take time
- Requires skills that clinicians have not been trained in – the role of clinical leader is critical
- Clear Governance is necessary
- Leadership must shift focus from maintaining/sustaining their siloed organisations to improving and sustaining care
- Inter-operability and managing data
- Sensitivity to the reality that some organisations will shrink or disappear

Integration in the U.K.-The Real Challenges:

- G.P.s are not organised and are wedded to a romantic notion of “autonomy”
- G.P.s are grounded in a 65+ year model of organisation complicated by estates, contracting and other issues
- Primary care (particularly for the most vulnurable patients will have to be delivered by teams
- Hospitals will need to shrink (budgets, services, staff)

- Consultants will need to work outside of hospitals

Integration- Discussion Questions:

1. New models of care

   In the UK as in many other countries, integrated organisations such as ACO's have become the fashionable way forward to improve effectiveness. What impact will this have on Primary Care?

2. Workforce

   What are the implications for skill mix, training and sustainability that new models of care will bring. Will the role of the generalist GP change or disappear?

3. Barriers to system change

   What are the organisational , professional, political and regulatory barriers to change and what levers do we have to overcome them.

4. Success

   What does it look like and how would we measure it?

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