FAQs: Integrated Person Commissioning

1. **What is IPC?**
IPC means Integrated Personal Commissioning. It works on the principle of person-centred care so that all services can be built around individual needs which differ from person to person. The idea is to combine health and social care funding together to help individuals have integrated care.

2. **What resources are available to GP practices for care planning?**
RCGP has a toolkit on its website along with other resources, and your local CCG may be able to provide additional financial assistance or staff support.

3. **How will care be funded as part of IPC?**
For individuals, the care can be funded by conventional methods or individuals can choose to have a personal health budget. It is not compulsory to have a personal health budget.

4. **How does it work practically? Can you give me an example?**
An elderly person has mobility problems, feels depressed and becomes socially withdrawn. He comes to his GP to talk about this or requests a home visit. The GP might struggle to address all his needs but if he or one of the carers make a care plan with him to identify what matters to him and they can work as a team with local services. This could involve organising counselling, social activities, using his personal health budget to get him a wheelchair or mobility scooter, linking him to voluntary sector or library based on his hobbies and interests. He feels happier, supported and less isolated, which reduces his reliance on the healthcare team.

5. **Can you give me an example where IPC will help their physical / medical health?**
We know from demonstrator sites if the care plan is of the person’s choice, we get better health outcomes. For example: higher uptake of flu vaccination, better success with smoking cessation, better diabetes control, better compliance and use of inhalers, engagement with pulmonary rehab, better compliance with medications, better COPD control and improved attendance for programs like retinal screening, cervical screening and breast screening.

6. **Is it worth putting so much of the GP’s time and effort in it, when the GP’s workload is already high?**
Yes, this approach makes it easy for individuals to choose what matters to them and it also helps GPs to be ‘family doctors’ in the true sense as this approach is supportive. It reduces the overall GP workload as nearly half of consultations in primary care are related to long-term conditions and, based on demonstrator sites, if a good care plan is made, the individuals are less likely to need GP appointments and patient satisfaction is improved.
Top tips

1. Involve the whole surgery – especially the practice manager – to understand why person-centre care (PCC) is important and how it will help in the long run.
2. Start small with a defined cohort and develop from there.
3. Recognise that PCC will not work for everyone. There will always be some who will struggle initially with the process.
4. Make the links with the voluntary sector.
5. Ensure there is support from the CCG with care navigators who can work with your surgery.
6. Try to separate out ‘reactive front door access’ from proactive work in supporting patients and the team.
7. It is worth having some initial training with simple templates to support the "preparation" phase of care and support planning.

Mythbusters

- **PCC makes more work for the GP.** It does not but there is some work to get PCC off the ground. The majority of the work in delivering PCC can and should be done by other members of the team.
- **Our population will not respond to this approach.** Experience has shown in surgeries who do offer this approach that while it takes time, the majority of the individuals do respond positively to a different way of working.
- **We are doctors not social workers.** PCC combines the social and medical model of care but done properly biomedical metrics such as HbA1C or uptake of retinal screening do improve.
- **Doctors are very busy already and it will waste GP time.** Based on feedback from demonstrator sites, this approach will probably reduce GP appointments as patients will be able to go to other services in the community and are more likely to engage as the plan is made by them (e.g. higher attendance for pulmonary rehab programme, weight reduction classes etc).
- **Personal Health Budgets are compulsory.** They are not. Integrated personal commissioning can also be delivered by conventional funding methods.

For more information and resources about person-centred care:
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http://www.rcgp.org.uk/personcentredcare
http://www.england.nhs.uk/personalisedcare