

Primary Care influence in Integrated Care Systems

RCGP workshop - 27 May 2021



Royal College of
General Practitioners

In May 2021, the Royal College of General Practitioners hosted a virtual roundtable for 14 GPs with interest in integrated care and system working. The roundtable objectives were to:

- Explore specific challenges primary care currently faces in ICSs;
- Identify potential actions within ICSs that could address these challenges and ensure patients and clinicians are empowered to improve care in systems.

The discussion across these two objectives has been grouped into the themes below:

What are the enablers to secure success in integrated care across the system?

1. A unified vision for primary care within each system, and a strong voice to advocate for it	
Challenge	Action
<p>Primary care needs a voice and influence to articulate the benefits and possibilities that can improve care and create health for patients.</p> <p>The business model and professional culture in primary care is different to other sectors, it is made up of small businesses and specialist generalists, embedded within the community.</p> <p>The professional culture is like a murmuration of starlings, no single leader but a strong and effective group. System partners must make visible efforts to understand that and explore new ways to work together.</p>	<p>Bring together influential people together in local settings, at system and place level, to discuss what good primary care looks like in their area:</p> <ul style="list-style-type: none"> ○ across all the different primary care stakeholders in an area ○ at the interface with secondary care ○ encouraging systems to have those conversations locally <p>Different sectors must work to understand the business models and cultures of other parts of the system, through work shadowing initiatives, local events and communication campaigns.</p>
2. Systems must support patients and clinicians working together	
Challenge	Action
<p>Patients are the central concern for all systems and services. ICSs and clinicians must harness the potential from the lived experience within their patient populations. They are also vital assets who can advocate for services and the clinicians that deliver them.</p> <p>The improvement work that follows from cultivating new relationships has the added benefit of improving satisfaction at work, preventing burnout and supporting retention efforts.</p>	<p>Clinical leaders should seek community organisations and leaders to explore opportunities to engage with different groups. Engaging with patient groups honestly may yield discussions that are hard to listen to or feel difficult to accept. However, engaging openly will ensure meaningful benefits emerge.</p> <p>Systems must make every effort to spread knowledge and best practice of patient engagement between different parts of the system.</p>

3. We must ask: 'What can providers do to help each other?'

Challenge	Action
<p>Single provider organisations are the established model and is the foundation on which ICSs must build themselves. PCNs continue to develop and bring people together, but they can't be solely responsible for shaping primary care in an ICS.</p> <p>Successful integration requires time and space for system leaders, clinicians and patients to build trusting relationships, a shared understanding of one another, as well as a shared vision for the system. In turn, providers in primary care must consider themselves as part of the system. The benefits being more corporate must be clearly articulated.</p>	<p>System leaders, Trust and primary care leaders should encourage engagement in good faith, transparent and honest. Conversations to explore different organisations' views of the challenges facing the system will help develop a shared understanding of the challenge, and need to be well facilitated in the early stages.</p> <p>Collective coaching between different teams at the strategic level will help to break down professional divides. Begin with the questions:</p> <ul style="list-style-type: none"> - What does it look like from your perspective? - What can we do to help each other?

4. Growing the primary care team at the system level

Challenge	Action
<p>New and existing primary care leaders must be embedded at system, place and neighbourhood level, across different elements of service delivery. These clinicians will cover different portfolios and need the skills to influence both strategy and resources.</p> <p>This is particularly important to consider how clinical leadership will be embedded at the new 'place level', coterminous with local authorities, which has previously sat within CCGs and had a strong clinical voice.</p>	<p>ICSs must put time and resource into building and training a strong primary care leadership team, to secure clinical input from primary care at all levels.</p> <p>Systems must ensure clear plans to retain the clinical and system knowledge that has been cultivated in CCGs. This includes investing in training and substantive roles in the system, dividing up the primary care portfolio primary care leaders. These clinicians can take on the strategic work in the system, attending necessary meetings and building relationships across providers and traditional boundaries.</p>

Additional observations made:

- Resources may need to be redirected to facilitate better prevention and health creation work
- Systems must develop ways to recognise when new approaches are not working, and be able to accept some failure as a learning opportunity.
- Leadership is not always the same as representation, and what is good for the system may feel difficult for some parts of it.
- Looking after the workforce is a vital element of all healthcare organisations. Happier staff will look after patients and improve care.
- Integrated care is, to some extent, being prepared to give some things up.

Caveats

The group's discussion was heavily caveated by a recognition that the current proposals do not go far enough in outlining responsibilities for (a) transparent workforce planning, (b) a clear strategy and structure for public health, (c) a government-wide plan to tackle health inequalities, or (d) addressing the crisis in social care. Any restructure of integrated health and care bodies can only be successful if these key areas are also addressed in relevant legislation and implementation guidance.