G505 VERTICAL INTEGRATION IN NHS PAEDIATRIC CARE: A QUALITATIVE EXPLORATION OF BARRIERS AND ENABLERS

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Aims Vertical integration describes primary and secondary care working closely together to provide joined-up healthcare services for patients. There have been attempts to vertically integrate paediatric services since the 1950s, but these have been routinely de-implemented due to shifting managerial and commissioning priorities. Recently, the NHS Long Term Plan articulated a renewed aspiration to vertically integrate paediatric services. This study aims to characterise the barriers and enablers to vertically integrating paediatric services, and to contextualise these within current NHS policy to produce meaningful insights for clinicians, managers and policymakers.

Methods Participants were selected using purposive sampling. Twenty-two paediatric professionals (16 paediatricians, 3 GPs, 2 nurses and 1 commissioner) were selected, who had experience of integrated care and were in the latter stages of their career. Semi-structured interviews were performed focussing on their experiences of vertical integration in paediatrics. Transcripts were thematically analysed to identify barriers and enablers to vertical integration. Themes were ordered into three categories: (1) factors affecting individuals, (2) factors relating to local policy or management and (3) factors relating to national policy or politics.

Results At individual level, barriers included: (i) Clinicians' skills, including discomfort of some paediatricians with the risk in primary care and some GPs lacking detailed paediatric knowledge, and (ii) a lack of time in clinicians' schedules for collaborative work. Enablers included: (i) Strong relationships between primary and secondary care clinicians; (ii) good communication between clinicians and (iii) co-location of clinicians' working environments. At local level, barriers included (i) perceptions that managers lacked knowledge of vertical integration; (ii) a perceived lack of evidence to support vertical integration; and (iii) restrictive organisational structures. At a national level, barriers included (i) perceptions that the public and politicians viewed hospitals as the ultimate goal of healthcare, impeding efforts to move or share resources; and (ii) a perceived lack of value placed on children by broader society.

Conclusions Our findings highlight that vertically integrating paediatric services requires overcoming barriers at multiple levels. We also describe some enablers of integration. These findings are highly relevant in the current policy environment and will be instructive to clinicians, managers and policymakers involved in integrating services in the future.

G506 CAN A PAIRED LEARNING PROGRAMME IMPROVE DOCTOR-MANAGER RELATIONSHIPS?

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Aims Effective collaboration between doctors and managers is essential, however, relationships between these two groups are

often strained. Paired Learning joins doctors and managers together to facilitate collaboration by learning about each other. This project aimed to explore the impact of the Paired Learning Programme (PLP) on knowledge, attitudes, and relationships between doctors and managers.

Methods The PLP consisted of two group meetings to explore key issues and four doctor-manager partner meetings to facilitate learning via informal conversation based around a topic guide. Knowledge and attitudes were assessed using pre and post-course questionnaires and relationships were assessed during focus groups, which were audio recorded and analysed with ethnographic notes from the researchers.

Results Six Managers and six Doctors were recruited. All twelve completed the programme. After the PLP, mean self-rated domains for attitudes and knowledge increased significantly in all six domains (see table 1). Participants reported improved understanding and relationships. Doctors demonstrated improved attitudes towards managers. Focus group themes were conflict, lack of understanding and participants demonstrated better interaction after the PLP.

Abstract G506 Table 1 Summary of Quantitative Questionnaire Data

Question	Pre-course mean (95% confidence interval) N = 12	Post-course mean (95% confidence interval) N = 12	P value
1) I am aware of the role of doctors/managers.	3.42 (2.80–4.03)	4.33 (4.05–4.61)	0.009
2) I am able to engage with doctors/managers.	3.25 (2.61–3.89)	4.5 (4.20–4.80)	0.006
3) I am able to establish shared goals with doctors/managers.	3.00 (2.46–3.54)	4.08 (3.57–4.59)	0.030
4) I am aware of the clinical/managerial decision-making process.	2.83 (2.30–3.36)	4.08 (3.92–4.25)	0.002
5) I have a positive regard for doctors/managers.	4.08 (3.71–4.46)	4.67 (4.39–4.95)	0.027
6) I have developed a 'professional network' to support my clinical and non-clinical/professional activities.	2.83 (2.20–3.46)	4.25 (3.99–4.51)	0.003

Discussion/Conclusion This study provides evidence that paired learning may improve communication and relationships between doctors and managers. Paired Learning should be considered as an organisational tool to facilitate better doctor-manager relationships.

G507 COMPLEX CARE ATTENDING MODEL

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Aim Our current working paediatric model is based around a rapid turnover of acutely unwell children with none or limited co-morbidities, who are expected to return to prior health with appropriate medical management. In order to fulfil these