

Supplementary Table: Description of five integrated care initiatives in London and the south west of England

	Initiative	Description: information provided by key informants	Levers and barriers
A London	<p>Children’s Multidisciplinary (MDT) teleconference</p> <p>Commissioned by Islington Clinical Commissioning Group and developed collaboration with local providers Whittington Health, UCLH and Islington Local Authority children’s services.</p>	<p>Stated aim: To improve quality of health care through better coordination of care across primary care, community services and secondary care for children in Islington with increased health needs.</p> <p>Service: A multidisciplinary teleconference led by GPs, to support agreed personalised outcomes identified through a care and support planning consultation. Attended by consultant paediatricians, Health Visitor, families first (support service run by Islington Local Authority), Children’s Community Nurse, CAMHS, school nurse, pharmacist and GP. Twelve slots of fifteen minutes on a monthly basis and discussions are chaired, in rotation by one of the four locality GP leads. Actions are agreed by the team and followed up.</p> <p>Started: January 2014</p> <p>Target population: Children with ≥ 4 ED attendances within 12 months, aged 2y+ AND ≥ 2 asthma-related ED attendances within 12 months or ≥ 1 emergency admissions for diabetes. A list of children who meet criteria is disseminated to GP practices and GP selects children for discussion.</p> <p>Funding: Drew on existing funds allocated by the Clinical Commissioning Group to adult telephone MDT meetings. Exact costs not known to us.</p> <p>The initiative is being formally evaluated.</p>	<p>Levers:</p> <p>The Joint Vice Chair (Clinical) of Islington Clinical Commissioning Group leads on children’s services for the Clinical Commissioning Group and works locally as a GP.</p> <p>There was already a service in place for MDTs for adults onto which the children’s MDT piggy-backed.</p> <p>The GPs’ time was paid for by the Clinical Commissioning Group from existing funds but there were no extra funds for other health professionals’ time.</p> <p>Barriers:</p> <p>Convincing stakeholders of the importance of this initiative for this specific group of children.</p>

<p>B London</p>	<p>Hospital at Home (H@H)</p> <p>Run by Whittington Health (lead provider), University College London Hospital (UCLH) and Islington Clinical Commissioning Group.</p> <p>Started in August 2014.</p>	<p>Stated aim: To improve child or young person and family experience during episodes of acute illness or exacerbations of chronic illness by avoiding hospital admission where possible, shorten length of stay when children are admitted and preventing presentations to ED.</p> <p>Service: Daily visits to acutely unwell children and young people at home 7 days a week between 8am and 10pm from specifically trained paediatric community nurses. The nurses provide healthcare and help families navigate services. The visit is followed up with a telephone call between the duty paediatric consultant and the community nurse to agree management of the child or young person and anticipate referrals to secondary care services. The child or young person is jointly managed by the community nurse and paediatrician and accountability lies with the paediatrician. The service is jointly led by a consultant paediatrician and a designated H@H matron (part-time, one day a week). Children and young people are referred to Hospital at Home from: ED, hospital outpatients, rapid access clinics, the paediatric ward or neonatal unit and from community paediatricians. Currently GPs cannot refer directly to H@H due to clinical governance issues.</p> <p>Started: August 2014</p> <p>Target population: Children or young people who would typically be managed in hospital but might remain safely at home with enhanced support, including: those on intravenous antibiotics, babies using energy blankets for jaundice, those requiring treatment for dehydration and those whose parents need extra support to manage the child or young person at home. Patients must be ≤ 18 years and registered with an Islington GP.</p> <p>Funding: Funded by Islington Clinical Commissioning Group. Funds managed by Whittington Health. £470,000 provides the extra needed for <i>enhanced</i> community nursing required for H@H, one day a week of a Hospital at Home Matron and consultant paediatrician time but not admin, communications & IT support.</p> <p>The initiative is being formally evaluated over the first year.</p>	<p>Levers</p> <p>Existing data on local admissions was used to determine the scope of the initiative.</p> <p>Drew an already expert and highly functional community nursing team who had credibility with the paediatricians.</p> <p>The team of front line stakeholders (e.g. pharmacy, Information Technology (IT)) have been flexible and responsive, allowing iterative development.</p> <p>Consultant paediatrician and lead matron posts funded – both necessary for success</p> <p>An external facilitator helped multiple stakeholders to co-design the service and achieved buy-in at organisational level from stakeholders with competing priorities.</p> <p>Buy-in from front-line clinicians was facilitated by working groups.</p> <p>The community nursing team was supported by organisational development through the changes to routine working.</p> <p>Barriers:</p> <p>Perceived threat to hospitals: with a successful H@H service, will two acute hospitals three miles apart <i>both</i> be needed?</p> <p>Time and drive needed to reach agreement between stakeholders and keep momentum.</p>
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<p>C London</p>	<p>GP outreach clinics Run as part of the very large Children and Young People's Health Partnership. The clinics represents a partnership between Guy's and St. Thomas' charity and Southwark and Lambeth Clinical Commissioning Groups, GPs and acute providers.</p>	<p>Stated aim: To improve quality and convenience of everyday care for children by bringing paediatric expertise into the community.</p> <p>Service: A consultant paediatrician runs a clinic in partnership with GP surgeries to see patients who GPs are considering referring to secondary care, or who are more complex and require the specialist knowledge of a paediatrician but do not need to be seen in a hospital. The patients attending are chosen by their GP. Frequent attenders at ED departments and children and young people discharged from wards and needing follow up will also be seen. There are currently no inclusion or exclusion criteria for the clinic but patients must be registered with the GP surgery. The GPs who attend usually have some training in paediatrics. There are currently 2 consultant paediatricians doing outreach clinics and approximately one clinic a month, with a team meeting before or after clinic. Practice managers maintain ownership and organise the room bookings and patient letters. The paediatricians receive a list of patients and reason for referral to clinic in advance, but there is no formal referral required.</p> <p>Started: August 2014</p> <p>Target population: All children aged ≤16 years who are registered with a GP in Lambeth or Southwark GP, especially children and young people who are frequent users of ED.</p> <p>Funding: Costs of running service not known to us. Consultant paediatrician time paid for by Guy's and St Thomas' Charity (in the short-term) and no additional funding for GP time at clinic.</p> <p>The initiative is being formally evaluated.</p>	<p>Levers Funded by Guy's and St Thomas' charity for 30 months. Commissioners from both localities had a shared agenda.</p> <p>Barriers Potential loss of income for hospital mitigated by charity funding until new funding organised.</p>
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<p>D south west England</p>	<p>Advice and Guidance email service</p> <p>Run as a partnership between Taunton Clinical Commissioning Group and Taunton and Somerset NHS Foundation Trust</p>	<p>Stated aim: To improve care for children by adding value at the point of GP referral to secondary care.</p> <p>Service: Taunton and Somerset NHS Foundation Trust provides a consultant led advice and guidance service for GPs considering referring a child to hospital outpatients, which guarantees an electronic response within 2 working days through the Choose and Book online system. GPs will be advised to refer the child to outpatients or given advice on managing the child in primary care and/or signposted to appropriate services from the voluntary sector. The service is provided for all five federations of GPs in Taunton (approximately 100 GP practices). Consultants can check and respond to incoming emails at any-time in their shift. The service has moved from a Monday-Friday to a 24/7 service. The Advice and Guidance email service format is now being rolled out to six other specialties in Taunton, e.g. haematology, neurology.</p> <p>Started: February 2009</p> <p>Target population: Any child that the GP is considering referring to hospital outpatients. Children who need a clinical examination for diagnosis, where NICE recommends a clinical examination or who need investigation or observation only available in secondary care will always be brought into outpatients clinic (or to paediatric primary care clinic when up and running, see below).</p> <p>Funding: Patients are referred through the Choose and Book system to ensure that a tariff is received by the hospital for each patient referred to the Advice and Guidance email service. Tariff's range from £30-60 per patient (variable contract models). Tariffs represent 60% of a new patient's outpatient visit. Exact costs of running service not known to us.</p> <p>Audit data are collected.</p>	<p>Levers</p> <p>Obvious benefits to the then Primary Care Trust: there were potentially quick and large cost savings.</p> <p>Agreeing a per-patient tariff for hospitals for each patient referred.</p> <p>The service grew organically which helped with take-up: it was initially rolled out to one federation but the other federations heard about it and requested it.</p> <p>Barriers</p> <p>Potential benefits for acute Trusts were less obvious to the hospital executive. But the executive became more supportive as they saw the service a) help increase capacity at outpatients, leading to reduced waiting times and improved hospital performance against targets and b) allow tertiary care colleagues to do clinics at the hospital, bringing tariffs for local services.</p> <p>Loss of income for hospital despite agreed tariff (perverse contractual incentives).</p> <p>No incentive for individual GPs to reduce referrals to outpatients.</p> <p>Patient wish to be seen by a paediatrician (in some cases).</p>
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<p>E South West England</p>	<p>Paediatric primary Care Run as a partnership between Taunton Clinical Commissioning Group and Taunton Hospital Executive.</p>	<p>Aim: To improve quality and convenience of everyday care for children by bringing paediatric expertise into the community (to reduce the need for patients to come to the hospital outpatients department to receive a clinical examination and reassurance).</p> <p>Service: Paediatric consultants will conduct clinics in general practice with GPs for children who need a clinical examination by a paediatrician but no further tests. The pilots clinics have been conducted either by a paediatrician alone or with a health visitor or GP trainee present. Including health visitors and GP trainees helps paediatricians to use the practice's electronic patient record systems whilst also acting as a form of training for these primary care staff. There will be a core group of approximately three consultant paediatricians delivering joint clinics approximately once a month in each of the five federations of GPs in Taunton. Frequency of the clinics will be reviewed based on need/use.</p> <p>Started: At proof of concept stage.</p> <p>Target population: Children who are judged to need a clinical examination or reassurance by a paediatrician but no tests that are available only in secondary care. Patients will be selected from those referred to the Advice and Guidance email service (see D above).</p> <p>Funding: Costs of running service not known to us.</p> <p>Audit data will be collected, including to monitor potential unintended effects (see barriers).</p>	<p>Levers Existing Advice and Guidance email service (see D above).</p> <p>Barriers The paediatric primary care clinics have been much harder to set up than the Advice and Guidance email service. The hospital executive worries that the service will simply reduce GP thresholds for referral and therefore not impact on hospital use. GPs are concerned that they will be left with lots of extra follow-up work from the clinic.</p>
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