BTS/PCRS JOINT POSITION STATEMENT

INTEGRATED CARE

2024

The British Thoracic Society and the Primary Care Respiratory Society are key UK membership organisations that represent and support all respiratory healthcare professionals working across the NHS. We are committed to supporting integrated models of respiratory healthcare that put patients at the centre. We believe that close working between our organisations, highlighted by the publication of this document, will help to ensure that tools, resources and education materials are shared widely across all members of the multi-professional team to the benefit of patients.

The British Thoracic Society (BTS) is a registered charity in England (Charity number 285174), in Scotland (Charity Number SC041209) and is registered as a company limited by guarantee in England and Wales (Company Number) 1645201. VAT registration number 175 3379 83.

The Primary Care Respiratory Society UK (PCRS) is a registered charity (Charity Number 1098117) and a company registered in England and limited by guarantee (Company Number 4298947). VAT registration number 866 1543 09.

Why this statement is needed

There is a strong commitment from the British Thoracic Society (BTS) and Primary Care Respiratory Society (PCRS) to identify opportunities to support those delivering integrated respiratory care and showcase that planned, properly funded, and evaluated integrated solutions can be used to drive improvements in the care of patients.

We value the importance of:

- integration between primary, community and secondary care.
- integration of respiratory care with other long-term conditions.
- integration of both physical and mental health, housing, and social care.

This statement is not intended to be a guidance document or a review of the literature on integrated care.

Audience

The audience for this statement is all healthcare professionals, in all settings, working in or interested in respiratory medicine, and those who are involved with planning and commissioning respiratory services.

Definitions

Integrated respiratory care is patient centred and focused on ensuring care is seamless, proactive and co-ordinated through clinical leadership and the multi-professional team working together across organisations and pathways. [1].

There should be an ambition that integrated respiratory care also actively integrates with other relevant long-term conditions.

Goals

Integrated care adds value in terms of the patient's experience and the involvement of the multi-professional team; it is the right and most logical way to deliver high quality seamless care. The Optimal Integrated Respiratory Care Pathway, produced by the Outpatient Recovery and Transformation Programme provides an end-to-end standardised approach to care that is informed by best practice and makes best use of professional skillsets [1]. This pathway aligns to the respiratory Getting it Right First Time (GIRFT) Programme, BTS and PCRS.

This position statement confirms the position of both organisations:

- To support pathways of care that help people to stay well and live independently and avoid unnecessary admission to hospital.
- To support improved patient experience by advocating a whole person approach to planning and delivering respiratory care.
- To support improved outcomes for patients and address health inequalities (levelling outcomes, improved access to diagnosis, treatment and follow-up).
- To support workforce recruitment and retention models that highlight the need for the multi-professional respiratory workforce to have sufficient capacity to integrate effectively.

National policy and commissioning structures

There is a strong commitment to an integrated, whole-person approach to healthcare across the four nations of the UK. Structures and policies increasingly encourage a full range of partners to work together, including patients, to address physical, mental and psychosocial determinants of health.

England

The NHS (England) Long Term Plan was published in 2019 and included a commitment for care to move towards a more integrated model that met the desire of patients to be seen more locally [2].

Integrated Care Boards (ICBs) were established in 2022. ICBs are statutory NHS organisations responsible for planning healthcare that meets the needs of the population [3].

The **Major Conditions Strategy for England** is a clear opportunity to make the case for resourcing more integrated care health professional roles [4]. It also highlights the importance of patients having more choice and control of care, embedding early diagnosis and treatment in the community, and seeking greater cohesion between physical and mental health services.

Wales

There is a strong commitment in Wales to foster increased collaboration between social services, health, housing, and the third and independent sector.

A Healthier Wales: Our Plan for Health and Social Care was published in 2018 [5]. This paper outlined the ambition for health and social care services to work more collaboratively to plan and deliver care around the needs of the population.

The Integrated Care Fund (ICF) is a Welsh Government funded prevention programme supporting the most vulnerable people. A report assessing the impact was published in 2022 [6]:

Scotland

The Public Bodies (Joint Working) (Scotland) Act 2014 shifted health and social care to an integrated model, and in 2016 legislation created 31 integrated authorities. The focus is on whole person care, with an emphasis on joined up care across the patient pathway, and anticipatory and preventative services [7]. In 2018, the Scottish Government, NHS Scotland, and Convention of Scottish Local Authorities (COSLA) published a joint statement reiterating the commitment to integrated services [8].

Northern Ireland

The Integrated Care System in Northern Ireland ensures that a range of partners take collaborative responsibility for planning and delivering care. October 2016 saw the publication of a 10 year plan - **Health and Wellbeing 2026 - Delivering Together** – and this set out the vision for Area Integrated Partnership Boards (AIPBs) [9]. There is a drive to change culture, rather than significantly alter structures to improve the experience of patients, staff and the wider population.

Workforce

Respiratory care is best delivered by a multi-professional team, with patients being seen by the right person, at the right time, in the right place. High quality integrated respiratory care is delivered by a skilled team with the appropriate skills and competencies and the necessary access to training and education.

There are currently insufficient numbers of healthcare professionals, from across disciplines, to deliver integrated respiratory services. Integrated respiratory care that is well planned and resourced offers the opportunity to challenge traditional ways of working and best utilise the available workforce ensuring that the skillsets of all professionals are recognised and valued.

Integrated care roles often contribute to varied career choices, which can aid retention of staff across professions. Selecting and developing those individuals who have an interest in multimorbidity and managing complexity, with a passion for ensuring personalised and holistic care is key. People who have chosen primary care as a career

very often have these qualities, as do those who have moved to integrated roles from secondary or tertiary care.

The NHSE Long Term Workforce Plan (2023) indicates ambitions to grow recruitment, enhance training and education, build broader teams with flexible skills, and take advantage of technology to deliver effective, efficient, and sustainable care [10].

The BTS publication "A respiratory workforce for the future" highlighted the additional staffing that is needed across respiratory medicine in order to deliver patient centred care [11].

Education and training

Healthcare professionals are increasingly working as part of multi-professional, cross-boundary teams and support and education is needed to encourage all to recognise the inherent benefits to this model.

Access to high quality funded education and training, along with opportunities for placement-based learning on the topic are vital for all members of the team.

PCRS encourages a bidirectional education and training approach i.e. what can respiratory specialists and primary care generalists with a respiratory interest learn from each other? The PCRS document "**Fit to Care: Key knowledge, skills and training for clinicians providing respiratory care**" provides guidance for commissioners and clinicians on the skills, knowledge and training required by healthcare professionals working with patients with a respiratory condition in a primary or community care setting [12].

Integrated care is included in the medical curriculum, but without defined qualifications or specific learning objectives. It is important that trainees are offered flexible opportunities to experience integrated care, and the value of ward-based learning and networking with colleagues should not be underestimated. This holds true not just for medical trainees (secondary and primary care) but for nurses, physiotherapists, pharmacists, physiologists, psychologists, paramedics, occupational therapists, and those working at an advanced level of practice. It is important that the goal of education for those based primarily in secondary care facilitates a strong understanding of the care provided in community and primary care settings.

It is important to offer professionals clear career pathways and opportunities for professional development, for example:

NHS leadership programme for integrated care [13]
Health Education and Improvement Wales Integrated Care Compendium [14]
NHS Education for Scotland: You as a collaborative leader [15].

Data as a lever for change

Population data is vital to ensure that cross-boundary care is appropriately designed and evaluated. Data exists on various freely available dashboards to allow healthcare providers to map the needs of their community, but not all are easily accessible or current. All relevant staff, whether in primary, secondary or tertiary care need to be able to interpret the data by patient population, locality, and provider. Systems exist in some areas, but these need to be more widespread and properly supported. Interrogation and interpretation of data can be used as a lever for integration where there are no shared IT services. The Respiratory GIRFT report provided detailed information and data on respiratory services and highlighted where improvements could be made by showcasing innovative practice [16].

Ensuring the success of an integrated respiratory system, pathway or modality

Build relationships

- This will help to address the needs of local patient populations, reduce bureaucracy, and maximise local and national priorities.
- Engage with patients /carers/public
- Engage with relevant enabling or statutory body such as NHSE, a Health Board, or an Integrated Care Board.

Identify funds

- Specific funding may be available e.g. for integrated care roles, pathway management, equipment for diagnostics, information management.
- Well planned and funded software and technology solutions can be key enablers.

Establish clear, identified goals

- Identify and prioritise patient-focused outcomes, and then identify ways to address them.
- Build a clear business case which includes local population data. This will help engagement with commissioners and ensures that the project outcomes will be measurable.
- Start with small, achievable projects to demonstrate success, maintain momentum, and engage people.
- Consider how data collection (audit or quality improvement projects for example) can help to build evidence-base for integrated care.

Build the right team

- Passionate and enthusiastic leadership is respected by all parts of the system. It is the person and values that matter more than the particular professional role.
- Think about the skill sets required in the team, rather than just recruiting specific professions. Learn from and upskill all members of the team e.g. OT, palliative care, psychologists, mental health.

Actively deliver the pathway

- A provider network that actively wants the pathway or specific modality e.g. primary care network that wants a diagnostic service that they actively refer people appropriately into but also support the diagnostic service modality by receiving back any actions in a timely and receptive manner.
- Ensure that all who need to, can see, use and share the same data.

Joint roles and responsibilities:

Each organisation has, and will retain, its own range of initiatives and resources to support various elements of integrated service provision.

Both organisations wish to do more to share best practice and support pathways by which integration can be achieved successfully.

- BTS and PCRS are committed to championing the respiratory workforce, highlighting innovative practice that helps to recruit, support and retain professionals from all backgrounds.
- BTS will maintain a dedicated programme area on its online platform Respiratory Futures (RF). PCRS supports the continued development and amplification of RF website as the 'go to' for integrated care resources across the 4 nations. PCRS would actively link to RF from relevant PCRS pages such as the Respiratory Service Framework and its social media platforms.
- Together we will continue to support evidence-based, whole-person solutions that drive improvements in the care of respiratory patients.
- We will commit to ensure our relevant education and clinical programmes workstreams prioritise and embed integrated delivery models.

Conclusion

BTS and PCRS are committed to helping drive forward more effective integrated service provision. Together we can reach a wider audience to share tools and resources, reduce duplication and provide a consistent approach. We will work together to support initiatives where care pathways become so seamless that patients are unaware of boundaries between all healthcare providers.

References

1. The Optimal Integrated Respiratory Care Pathway, produced by the Outpatient Recovery and Transformation Programme [Available from: https://www.england.nhs.uk/outpatient-transformation-programme/]
2. NHSE. NHS Long Term Plan 2019 [Available from: https://www.longtermplan.nhs.uk/
3. Integrated Care Boards (England) [Available from: https://www.england.nhs.uk/publication/integrated-care-boards-in-england/]
4. Major conditions strategy for England [Available from: https://www.gov.uk/government/publications/major-conditions-strategy-case-for-change-and-our-strategic-framework/major-conditions-strategy-case-for-change-and-our-strategic-framework--2]
5. A Healthier Wales: Our Plan for Health and Social Care [Available from: https://www.gov.wales/healthier-wales-long-term-plan-health-and-social-care]
6. Integrated care fund evaluation (summary) March 2022. [Available from: https://www.gov.wales/integrated-care-fund-evaluation-summary-html#:~:text=The%20Integrated%20Care%20Fund%20(ICF,most%20vulnerable%20people%20in%20Wales]
7. The Public Bodies (Joint Working) (Scotland) Act 2014 [Available from: https://hscscotland.scot/integration/]
8. Scottish Government, NHS Scotland, and Convention of Scottish Local Authorities (COSLA) Joint Statement [Available from: https://www.gov.scot/policies/social-care/health-and-social-care-integration/]

9. Integration system in Northern Ireland. 10 year plan - Health and Wellbeing 2026 - Delivering Together. [Available from: https://online.hscni.net/our-work/integrated-care-system-ni/]
10. NHS Long Term Workforce Plan (2023) [Available from: https://www.england.nhs.uk/publication/nhs-long-term-workforce-plan/]
11. British Thoracic Society. A Respiratory Workforce for the Future. 2022. [Available from: https://www.brit-thoracic.org.uk/workforce/]
12. Primary Care Respiratory Society. Fit to Care: Key knowledge, skills and training for clinicians providing respiratory care. [Available from: https://www.pcrs-uk.org/resource/fit-care]
13. NHS leadership programme for integrated care [Available from: https://www.leadershipacademy.nhs.uk/%20organisational-resources/support-for-%20integrated-care-system-development/]
14. Health Education and Improvement Wales Integrated Care Compendium [Available from: https://heiw.nhs.wales/workforce/workforce-development/integrated-care-compendium/]
15. NHS Education for Scotland: You as a collaborative leader [Available from: https://www.nes.scot.nhs.uk/news/you-as-a-collaborative-leader/]
16. NHSE. Respiratory Medicine: GIRFT Programme National Specialty Report. 2021 [Available from: https://gettingitrightfirsttime.co.uk/wp-content/uploads/2021/11/Respiratory-Medicine-Oct21L.pdf]

Resources and further information

Respiratory Futures (RF) hosts a wide range of information to support respiratory integrated care. Programme areas on RF include:

- Real world examples that highlight respiratory integrated care systems and modalities.
- Workforce case studies.
- Links to info for patients and carers.
- Links to national data sources.

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Respiratory Futures website:
www.respiratoryfutures.org.uk

British Thoracic Society website:
www.brit-thoracic.org.uk

Primary Care Society website:
www.pcrs-uk.org