

Conference abstract

All together ... how? Service models for promoting continuity of care for people with long-term neurological conditions (LTNCs)

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Abstract

Purpose: The purpose of this research was to better understand the outcomes of integration by asking what promotes the experience of continuity of care from the point of view of people with long-term neurological conditions.

Theory: We used the definitions of continuity of care developed by Freeman et al. [1, 2] as a conceptual framework with which to consider people's experiences of using services within more and less integrated systems.

Methods: In-depth case studies were undertaken in six service systems across England with varying levels of social and health care integration. The findings presented here come primarily from in-depth interviews with people with LTNCs who used services in these systems. Data were thematically analysed and triangulated with other case study information.

Results and conclusion: The following service models promote continuity of care for people with LTNCs: community interdisciplinary neuro-rehabilitation teams, day opportunity services, nurse specialists and other forms of care co-ordination.

Discussion: Not everyone who might benefit from these service models is currently able to do so. How can we ensure equity of coverage and access?

Keywords

continuity of care, integration, outcomes, access

References

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2. Freeman G, Crawford M, Weaver T, Low J, Jonge E de. Promoting continuity of care for people with severe mental illness whose needs span primary, secondary and social care. A multi-method investigation of relevant mechanisms and contexts. London: National Co-ordinating Centre for Service Delivery and Organisation R&D Programme, London School of Hygiene and Tropical Medicine; 2003.

Presentation slides available from:

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