
POSTER ABSTRACT**Is there a place for the Mayo Model of Integrated Clinical Care in the English NHS?**18th International Conference on Integrated Care, Utrecht, 23-25 May 2018Jonathan Erskine¹, Michele Castelli², David Hunter², Amritpal Hungin²

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Introduction: The English NHS is implementing integrated care models across primary, community and secondary care, and between health and social care systems. These may achieve improvements to quality, safety and cost, but they do not directly address the frequently fragmented and episodic care of patients within hospital settings, particularly those patients with complex co-morbidities. There are examples, however, of hospital-based integrated clinical care models which could address this deficit. Mayo Clinic USA, for example, offers highly integrated, multi-specialty clinical care. We report on two phases of a research project which aims to determine if adoption of something akin to the Mayo Model would be feasible in English NHS hospitals, to the benefit of patients and staff.

Methods: Phase 1 used a rapid review to assess recent literature concerning the Mayo Model and links between this and the organisation's performance and patient outcomes. Phase 2 consisted of semi-structured interviews N=13 conducted with a range of senior clinical and non-clinical staff in a large English NHS teaching hospital. The question schedule addressed general understanding of integrated clinical care, and sought views on barriers and enablers to implementing a Mayo-type integrated care model in English NHS hospitals.

Results: Literature concerning the distinctive features of the Mayo Model is limited in scope and largely confined to 'grey' sources. We found only two peer-reviewed articles which offer critical analysis of the contribution of the Mayo Model to the performance of the organisation. Analysis of interview data suggests that 1 many NHS hospital physicians and managers are frustrated by the fragmented service offered to multi-morbid patients; 2 the same group sees significant potential in a more holistic, multi-specialty coordinated care model, and understand how in-hospital care could change to meet this vision.

Discussion: Despite the paucity of peer-reviewed literature concerning links between the distinctive Mayo Model and performance indicators such as patient outcomes, cost containment and staff and patient satisfaction, there are indications that this model may offer something which is currently absent from in-hospital care in the English NHS. Our interview data shows that clinical and non-clinical hospital staff strongly believe that there

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is a place for better coordinated, multi-specialty care, particularly in the case of patients who are disadvantaged by repeated journeys between primary and secondary care.

Conclusions: Given the urgent need to improve care for non-emergency patients who attend hospitals in the English NHS, we consider it worthwhile to explore the possibility of trialling a Mayo Clinic-style care model in the environment of English NHS hospitals. There are barriers to implementing this approach to in-hospital care, but with appropriate resourcing and support they are not insurmountable.

Limitations: The interview data covered a broad range of professional roles, but was confined to one NHS hospital.

Future research: We suggest that piloting a Mayo-type care model in one or more English NHS hospitals could be accompanied by a rigorous evaluation of the effects on patient outcomes, the patient experience and staff satisfaction.

Keywords: NHS; integrated clinical care; mayo model
