
POSTER ABSTRACT**Understanding system flows to improve outcomes and services for respiratory patients.**18th International Conference on Integrated Care, Utrecht, 23-25 May 2018Wendy Lewis¹, Jay mangan², Vikki Morris³, carl o'loughlin¹

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Wigan Borough CCG identified through Public Health data that respiratory disease detection was an area of concern. Whilst admission rates are reducing, length of stay and complexity of care is increasing, resulting in a requirement for an integrated approach to understand and improve the respiratory care system and the experience / outcomes for our patients. Healthier Wigan Partnership is working with AQuA to understand flows through its respiratory pathways through the Flow-Improving System Pathways discovery programme.

The CCG analysis revealed that individual services are intelligent and efficient, but do not integrate with each other. Additionally, the contributions of patient support groups, third and wider sectors were not included.

2- Wigan's redesigned Respiratory Services has a Primary Care Respiratory Service; a secondary care Out Patient pathway; and an Integrated Community Service ICS. These strands have now been pulled together as a respiratory system.

The development of a Respiratory Risk Stratification Dashboard enables GP's to identify patients with a diagnosed respiratory condition who are at risk of requiring Acute Care in the next 12 months. Such patients then receive a 'whole system' response.

3- The primary aim of this work is to create a fully integrated system that pools its expertise, intelligence and energies. The mobilisation of the patients' and community assets creates a system resilience that benefits individuals, population and services.

4- The focus of this programme is Chronic Obstructive Pulmonary Disease COPD patients. Stakeholders involved include the full range of public sector with voluntary and community sectors actively contributing to the work. Patients are working as partners within this work.

5- The AQuA programme's activity was 'front-loaded' to a diagnostic phase of 6 months. Identification of failure demand and consequent testing of solutions across the system take a further 4 months.

6- A Community system approach underpinned by Quality Improvement methodology.

Lewis; Understanding system flows to improve outcomes and services for respiratory patients.

Co designed with local people with Lived Experience enabled different conversations and refocused our system purpose

Connecting system data in order to stratify risk.

7- The relationships built within the Respiratory Service are not just sustaining but developing, particularly around community, council and health frontline staff working together.

8- The approach taken within this work is of value to much wider services through the understanding of the underpinning enablers of delivering sustained integrated respiratory services: leadership, information, co-design and shared risk.

9- Utilising a quality improvement approach to diagnose the system issues in order to integrate services and co-design new optimal pathways with council, community, commissioning, acute and mental health providers, commissioners and patients and carers.

10- The benefit of external quality improvement support and resource.

The outcomes and benefits of system redesign with patients and families.

System leadership skills applied to clinical pathways.

11- The shift from unscheduled crisis/reactive care to planned co-ordinated/preventative care that was designed with the system and its patients will drive more positive and meaningful outcomes for patients in addition to a more sustainable answer to ever increasing demand in our whole system.

Keywords: respiratory; risk stratification; co-design; system; integration
