
POSTER ABSTRACT**Integrated care in practise - across regions (Scotland and Denmark)**18th International Conference on Integrated Care, Utrecht, 23-25 May 2018Janette Hughes¹, Joanne Boyle¹, Emile Nielson²

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Background: SCOTCAP is a programme for an innovative point-of-care investigation of the lower gastrointestinal (GI) tract using minimally invasive colon capsule endoscopy (CCE). This project was established by working closely with partners in Region of Southern Denmark (RSD), where the model originated in population screening programmes. Working in partnership we have progressed the development, deployment and methodology in both regions. By using CCE, GI investigation can potentially become a primary care service, overseen by a remote GI consultant, allowing transformation into the community, a new integrated care model. The use of CCE has great potential to remove pressure that GI investigations impose on health care systems.

Digital health and care innovation centre (DHI), Scotland's national centre to accelerate digital health and care adoption, has brought together multi-stakeholders to demonstrate this service and digital innovation. The collaboration with RSD has demonstrated acceleration of the knowledge and lessons learned at transferring this to a scalable model.

The projects have adopted a quadruple helix model by involving Industry, Academia, urban and rural health boards/regions, along with citizens to co-produce this integrated health and care innovation pathway.

Objectives: The main objective is to reduce the bottleneck in diagnostic demand for GI disease assessment. This shall be achieved by creating an innovative integrated service based on CCE which can be delivered at point-of-care in the community, a GP practice or even the home of the person. Secondary care clinical nurse specialists (CNS) who are trained in CCE will deliver training to primary care practice nurses to support the patients that will receive CCE. Furthermore, it should reduce the total cost of GI diagnostics by eliminating unnecessary travel, minimize impact on daily life of patients, avoid complications, reduce specialist participation, optimise resource utilization and enable modern digital health technology in an integrated care setting. Secondly, it should improve innovation capabilities in health and life sciences and create local jobs in service delivery.

Local regions have pioneered this work with feasibility studies conducted at primary care sites with a range of lessons learned. CCE is an innovative technology where a capsule containing a digital camera is swallowed, passes through the gastrointestinal tract and downloads 400,000

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images which are then viewed and remotely analysed. It is highly accurate, cost effective and increases choice for patients. Patient participation has taken place, early feedback;

"I think the pillcam procedure would be very helpful to patients in the future, enabling them to be diagnosed near home and not have to travel the long distance to Hospital"

"Not having a round trip of 120 miles for the procedure"

"Only took 2.5 hrs to complete so quicker recovery as no anaesthetic required".

Conclusion: By May 2018, DHI would present in partnership with RSD, early insight from functional framework for CCE delivery, we would welcome the opportunity to share this service, digital and business innovation, along with lessons learned and early indicators with delegates at the integrated care conference (ICIC) in the Netherlands – demonstrating how regions can work effectively together (Scotland/South Denmark).

Keywords: compassionate; communities; community development
