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Poster Abstract

Interprofessional Education – a potential bridge over the commissioner–provider divide?

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Abstract:

Introduction: English health and social care policy has moved to a commissioning model in which public sector bodies are responsible for developing mixed provider markets that can respond to current and future needs. Underpinning this model is an assumption that commissioners will be able to use their position as monopoly purchasers to ensure both quality and efficiency from providers. In reality though their power to achieve change in health care in particular has been limited, due to a combination of market dominance by key providers, insufficient contracting capacity and the destabilizing effects of frequent restructuring. Thus it can be argued that health care commissioning has had little positive impact as yet, but has acted to introduce additional boundaries connected with separate purchaser-provider organizations, different commissioning approaches between health and social care, and the emergence of a new 'profession' of commissioning to add to current inter-professional conflicts. To address the inter-organizational barriers within the new English system a range of strategic initiatives have or are being introduced, including a 'duty' on statutory health and social care bodies to promote integration, a new board within each locality to co-ordinate integrated commissioning and develop a shared plan to respond to identified need, and the development of national indicators that reflect on patient and service users' experience of integrated services. Whilst clearly relevant, arguably these initiatives do not directly address barriers to integrated which may result from the key strategic players coming from different professional backgrounds. Such inter-professional issues are well-established in relation to clinical practice, and there is the potential for them to also be present at a strategic level. Based on a pilot programme, this article reflects on the presence of such barriers at a strategic level and the potential of inter-professional education (IPE) to be a means to enable commissioners and providers to work collaboratively on shared priorities.

Theory & Methods: The Integrated Care Development Programme (ICDP) brought together teams of commissioners, provider managers, and senior clinicians to work on a local priority for integration. Based on principles and theories of IPE the programme was a mixture of taught content relating to integrated working and group work in which the locality teams used the theory

and research evidence to progress their business cases. Outcomes were expected for the individual participants (in relation to their confidence and competence in working with other professions and agencies), for the organizations (in relation to improving efficiency and patient outcomes) and for the partnerships (in relation to developing trust and working practices that could be built upon in future). The evaluation sought to consider not only learners' reaction and learning but also impacts on behavior and organizational results, the underlying 'mechanisms' and how these connected within the learners' 'contexts', and the sustainability of any impacts beyond the learning activity. The evaluation deployed mixed methods, including pre- and post-programme self-assessments and ratings, feedback from participants at the end of teaching sessions and follow-up interviews six months post programme to explore personal and organizational impacts.

Results: The focus of the teams' work included clinical, service and systemic integration projectS:
- Service integration: Re-ablement services for older people with dementia. Integrating community based health and social care teams
- Clinical integration: Improving delayed transfers of care from acute hospital. Ensuring better screening of and early intervention for dementia. Transition between child and adult services for young people with mental health difficulties
- Systemic integration: Developing outcome measures to shape new integrated older person's strategy

Of the seven teams, five reported that changes to integrated working were being implemented as a direct result of the business case developed on the programme, and four that the learning had subsequently led to further changes either in the original or a different service area. These included adapting referral and information sharing processes to support integrated working, attracting additional resources to provide capacity to implement integrated practices, and introducing new shared governance arrangements. Only one team forecasted that savings would be made as a result of the ICDP business case, with a second area anticipating that applying the learning would lead to greater efficiencies in a different service area. Improvement in integrated care for patients / service users could not be demonstrated, although there were signs that arrangements were being put in place to monitor connected outcomes. One area reported that transfers of care had reduced by over 50% which may have resulted in patients avoiding the problems commonly associated with such delays.

Alongside these practical changes there were other more relational impacts reported from the ICDP. These include raising the profile of (and therefore interest) in integrated rather than single agency approaches to key priorities, development of trust between the participants and therefore their organizations, and securing of a common vision about what could be achieved. Participants also identified personal impacts from the programme, including increased confidence in working with other professionals, a raised profile in their organization, and stronger personal networks across professions and agencies.

Two teams reported little progress in relation to their business case or in making improvements in other services. Factors that contributed to their lack of impact included those internal to the team (such as the motivations and level of commitment of the participants, the seniority and professional mix within the teams, and changes to the roles over the life of the programme) and external influences from their within their organizational and partnership environments (such as lack of director level support, little clarity or agreement about the priority to be addressed, and tensions within the wider organizational relationships).

Discussion & Conclusion: This evaluation suggests that inter-professional differences are experienced within commissioning-provider relationships, and that IPE programs may be an effective tool to address these. The shared learning process can lead to practical improvements in integrated working and also aid the development of relationships and processes that can be built upon in future. Achieving these benefits requires programmed design based on principles of adult education and IPE, a commitment from the individual learners, and support from their employing organizations.

Keywords

interprofessional education, commissioners, senior managers

Presentation available at http://www.integratedcarefoundation.org/content/guided-poster-walks-2