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CCG implementation of integrated care in the NHS

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Background

Demographic changes, ageing populations and increasing numbers of patients with multiple long-term conditions (multimorbidity) means health systems must change organisation and delivery to match patient need. Health systems globally are therefore looking to implement 'integrated care' as a means to achieve better health system outcomes (health gain, cost-effectiveness, and user satisfaction [1]). The NHS is no exception.

The 2012 Health and Social Care Act, which also created the Clinical Commissioning Groups (CCGs), mandated that these new clinically-led organisations act to support integration of care [2]. However, there is little known about the implementation of integrated care and how CCGs have utilised the flexibility that they have been provided.

This project, therefore, examines a random sample of CCGs and compares the models of integrated care in practice to date.

Materials and methods

All of the publically available literature from a random sample of 10% (n=21) of the 211 CCGs was examined to determine the models of 'integrated care' being implemented.

The model in each CCG was categorised with the aid of an extant health systems framework [1], and models compared across the sample. Results were discussed in terms of innovation displayed by the new CCGs.

Results

Although the source of information (CCG reports) limited the detail of what could be extracted, there was a clear dominance (n=17/21, 81%) of a single particular model of integrated care present as the primary practice in the NHS. This model can be described as multi-disciplinary case management of high-risk patients, and tends to focus on reducing these patients' use of acute, secondary care services.

Conclusions

At the CCG-level, there appears to be a focus on integrating care via 'service delivery' interventions, focussed on a small minority of patients determined to be at most risk. The evidence base for this particular intervention is limited at present [3], potentially requiring more justification in terms of health system outcomes.

This clear dominance of a single model also shows limited evidence of innovation, given the potential for flexibility at the CCG-level.

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