

Does your doctor know your name? (And does it matter?)

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Aims for the session

- Explore healthcare integration policies
- Share some of the North West London context
- Discuss priorities for continuity of care
- To hear your thoughts!

Healthcare Evolution / Revolution?

What are integrated care systems?

Integrated care is about giving people the support they need, joined up across local councils, the NHS, and other partners. It removes traditional divisions between hospitals and family doctors, between physical and mental health, and between NHS and council services. In the past, these divisions have meant that too many people experienced disjointed care.

Integrated care systems (ICSs) are new partnerships between the organisations that meet health and care needs across an area, to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups.

Healthcare Evolution / Revolution?

Why are ICSs needed?

The NHS was set up primarily to provide episodic treatment for acute illness, but it now needs to deliver joined-up support for growing numbers of older people and people living with long-term conditions. As a result, the NHS and its partners need to work differently by providing more care in people's homes and the community and breaking down barriers between services. ICSs are the latest in a long line of initiatives aiming to address this by integrating care across local areas.

Healthcare Evolution / Revolution?

Map 1: The 42 integrated care systems in England

This map shows the location and boundaries of the 42 integrated care systems (ICSs) in England.



Mentimeter – Question 1

- Have you heard of Integrated Care Systems (ICS)?

Mentimeter – Question 2

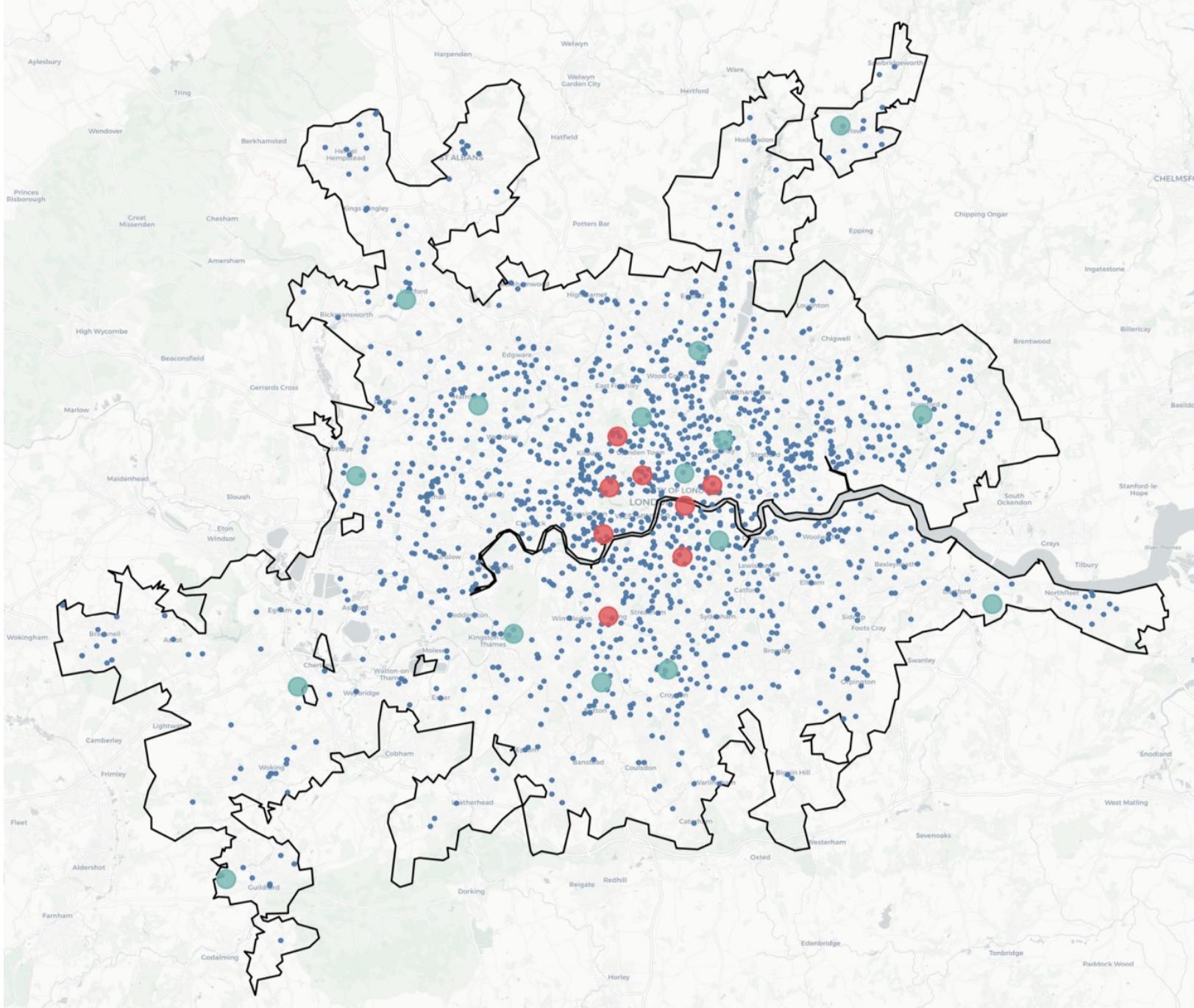
- What do you think the benefits of more 'joined-up' healthcare would be?

Healthcare Geography

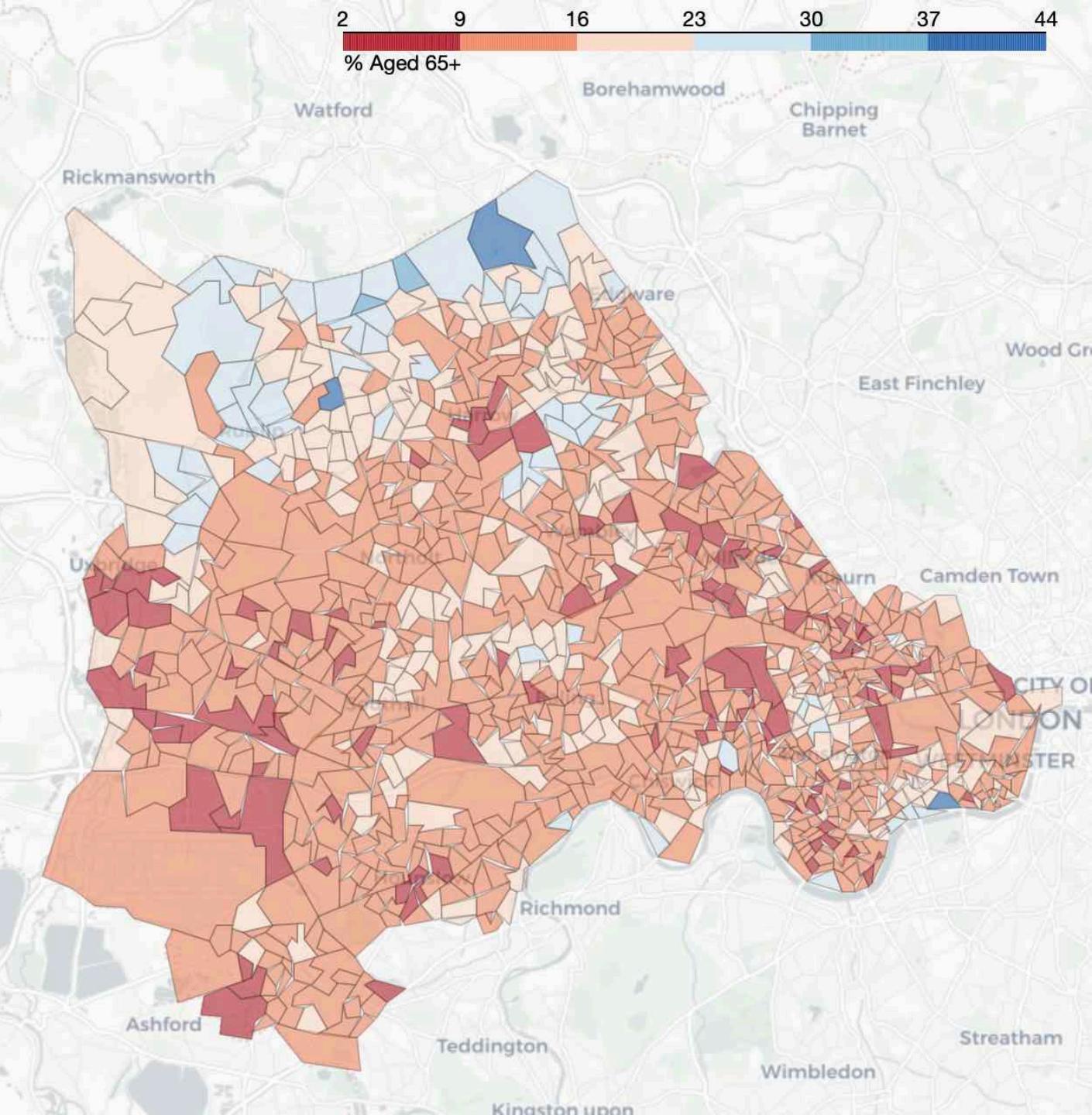
Health systems are embedded in their local context

The Healthcare Geography of London

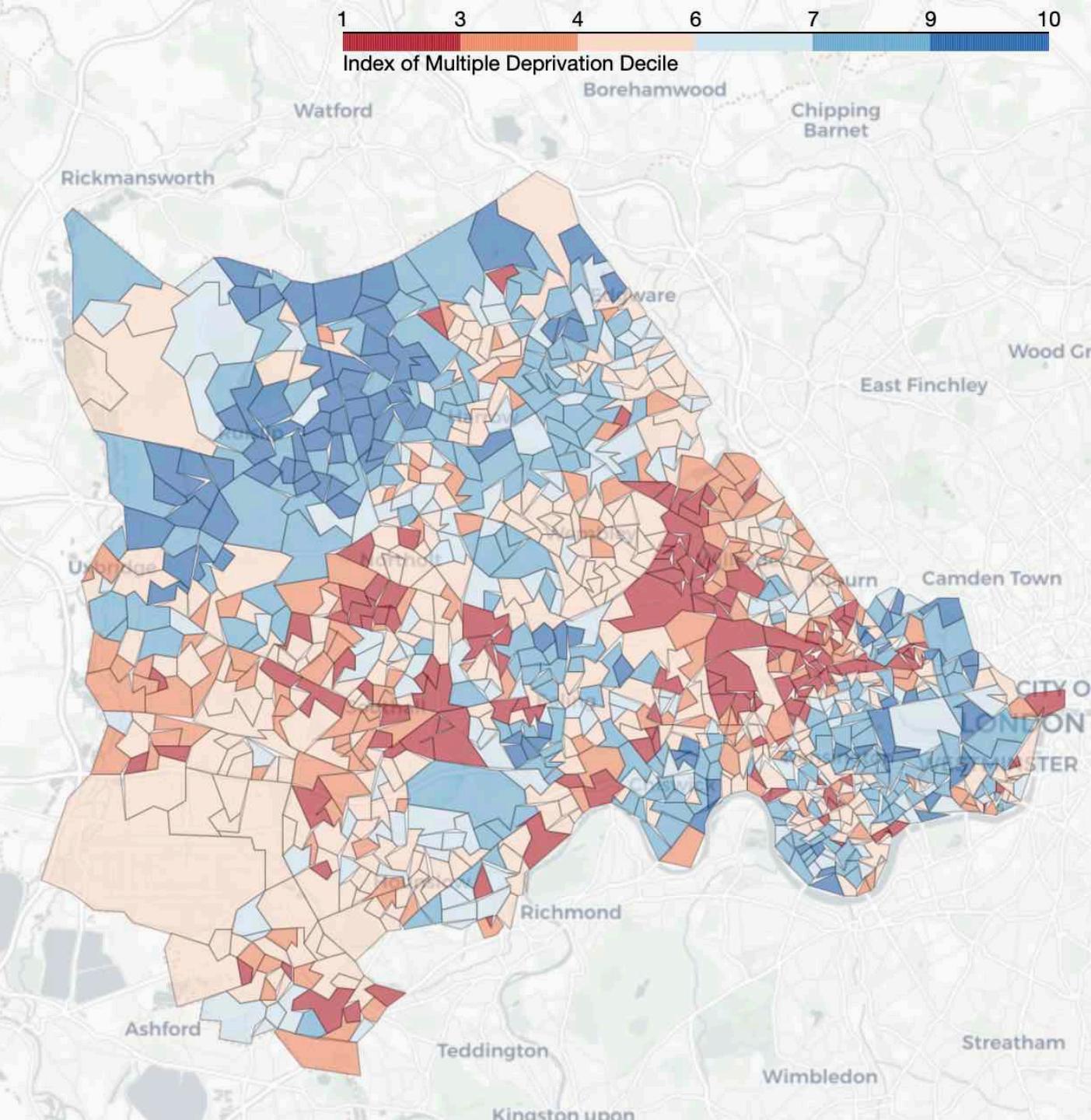
- By far the largest city in the UK
- High population density
- Good public transport
- Rivers and roads
- Many historic hospitals and universities



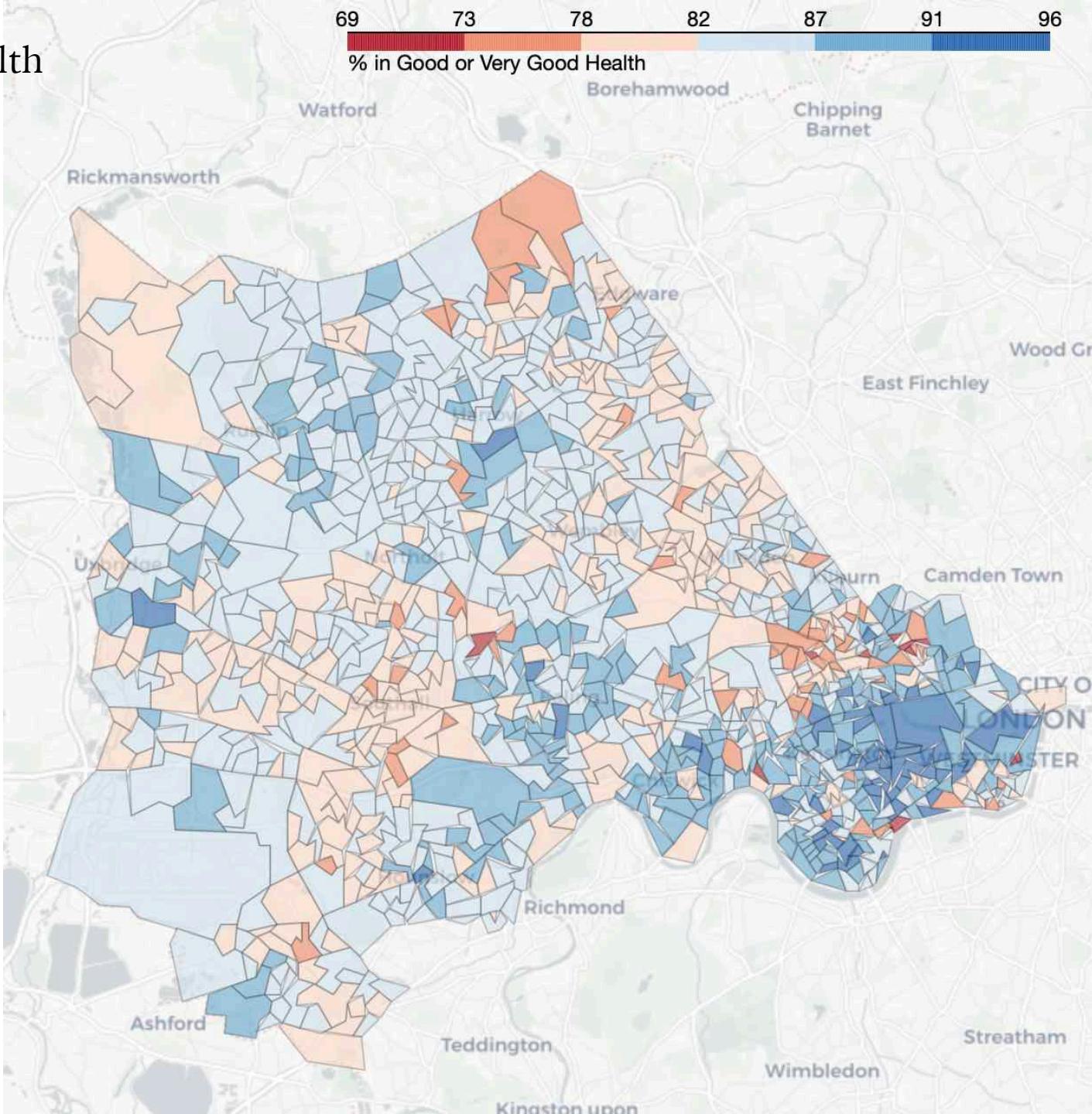
Percentage aged 65+



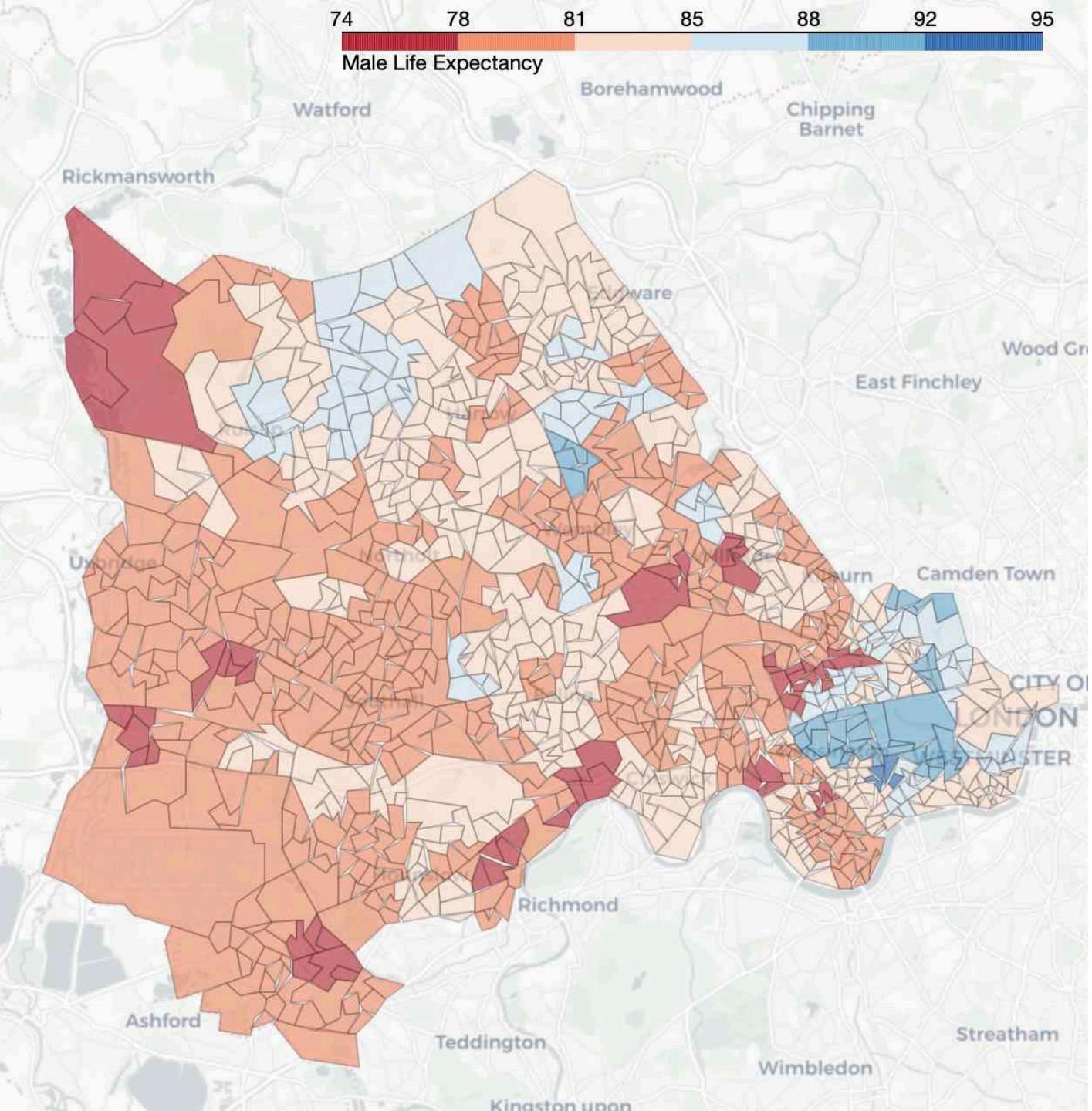
Index of Multiple Deprivation



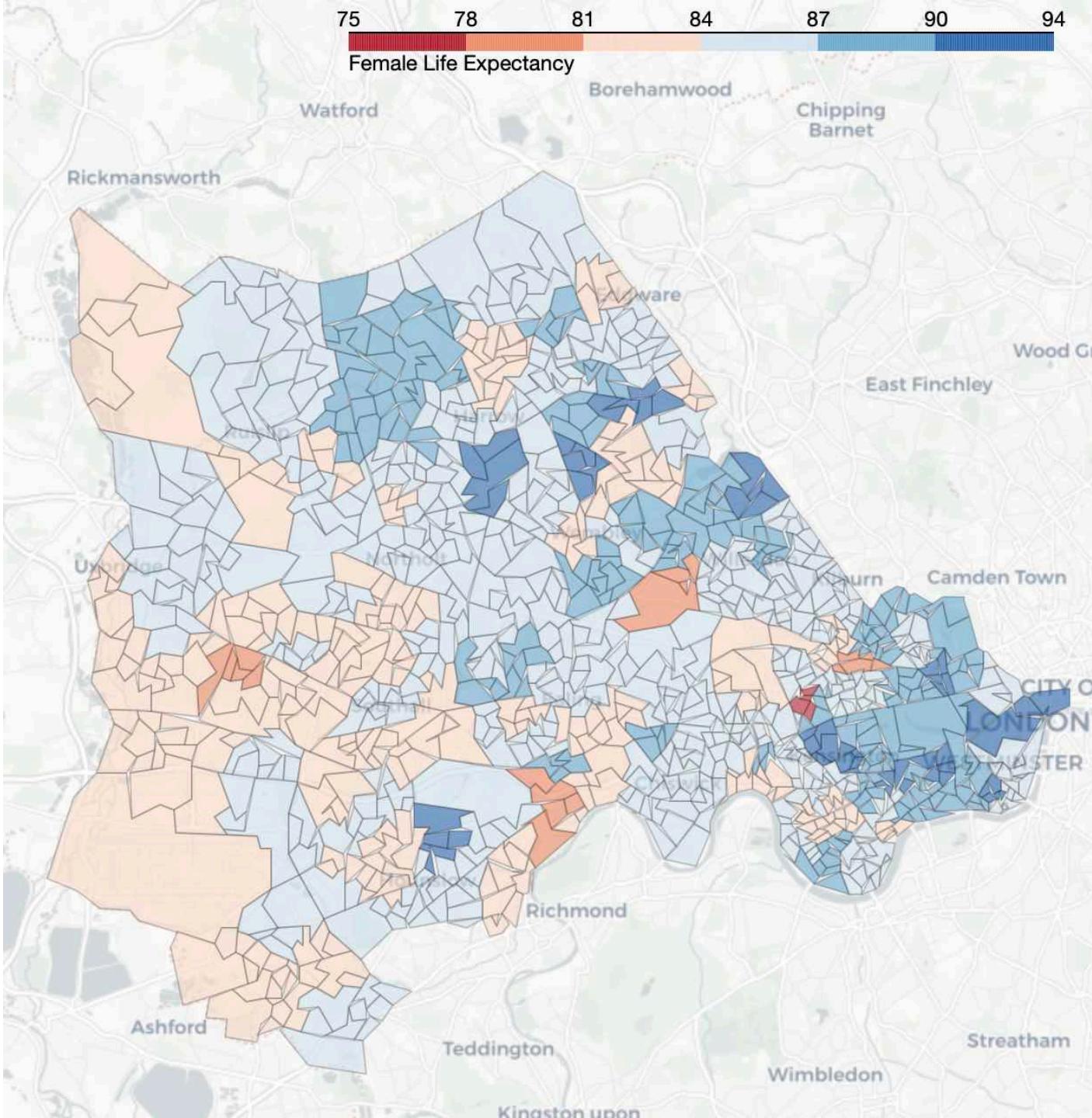
Percentage in Good Health or Very Good Health



Male Life Expectancy at birth



Female Life Expectancy at birth



A focus on North West London

- Diverse in many respects:
 - Age structure
 - Socioeconomic deprivation
 - Health status
 - Life expectancy
- Differing challenges for the NHS

Healthcare Markets

How economists can teach us something

Healthcare Markets and the NHS

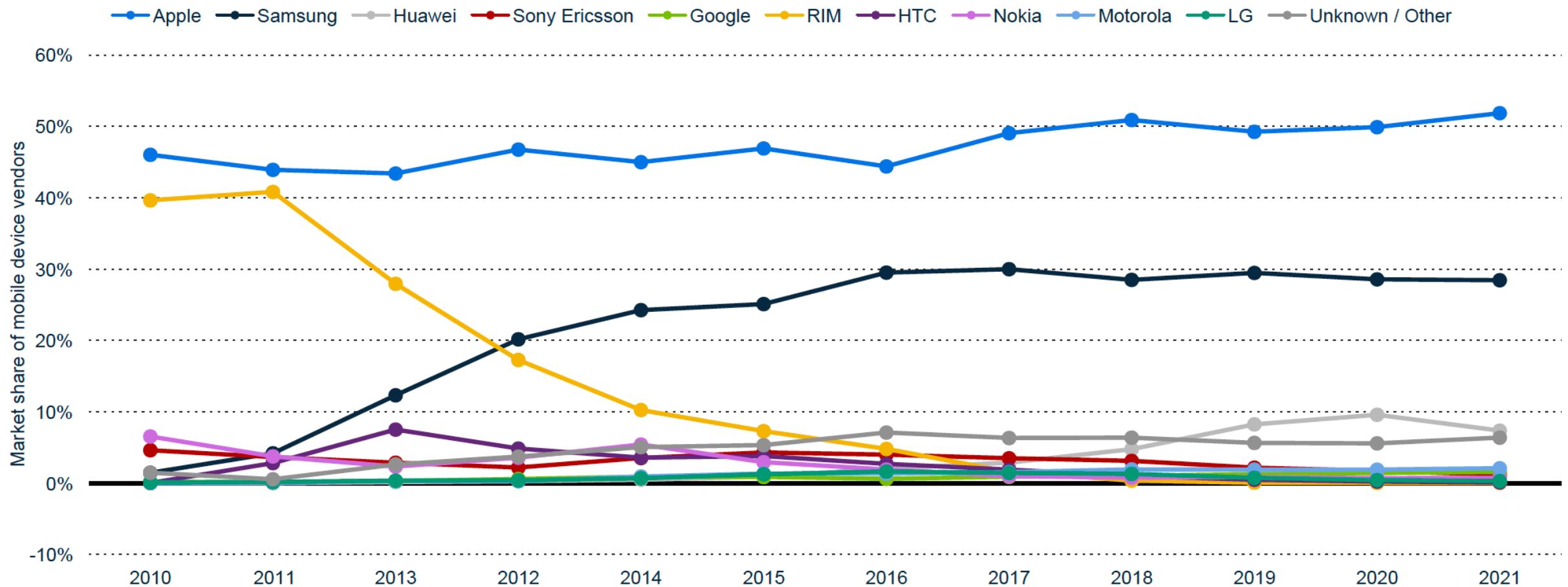
- If integration of care is the aim, we want more consistency in where patients receive healthcare
- Similar to other academic areas:
 - Political science – effective number of parties in an election
 - Ecology – effective number of species in an ecosystem
 - Economics – effective number of companies in a market

Healthcare Markets and the NHS

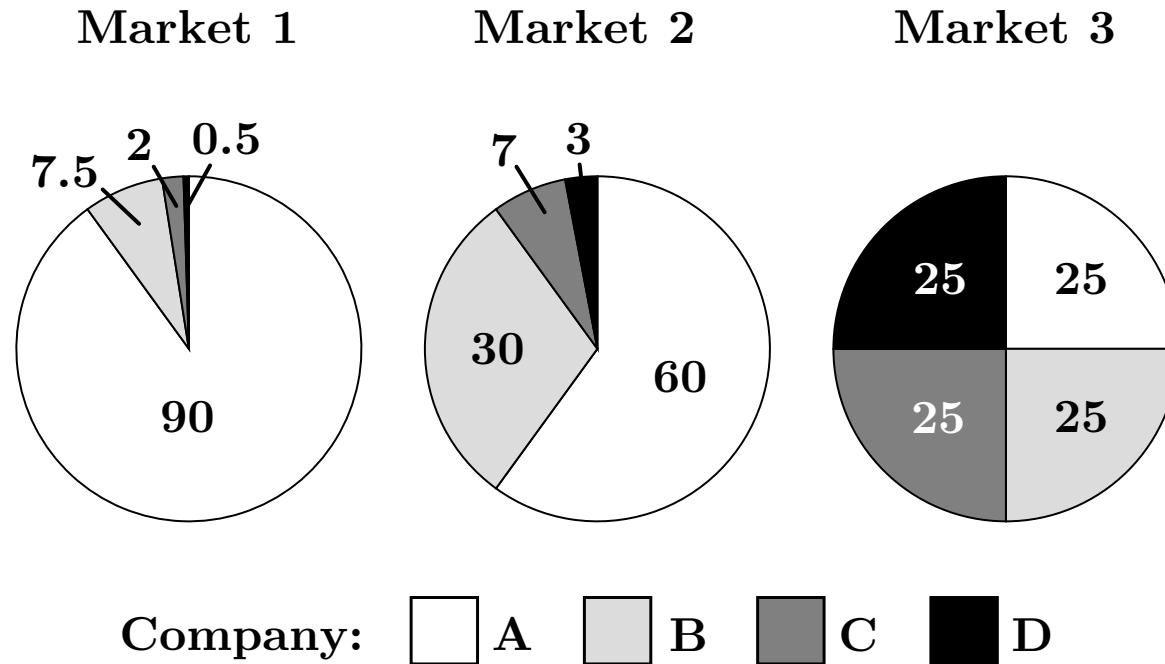
- All use the same sort of maths
- Herfindahl Hirschman Index:
 - $HHI = \sum_{i=1}^N s_i^2$ (1)
- Equivalent Market Size:
 - $1/HHI$

Market share of leading mobile device vendors in the United Kingdom (UK) from 2010 to 2021

Market share of mobile device vendors in the United Kingdom (UK) 2010-2021

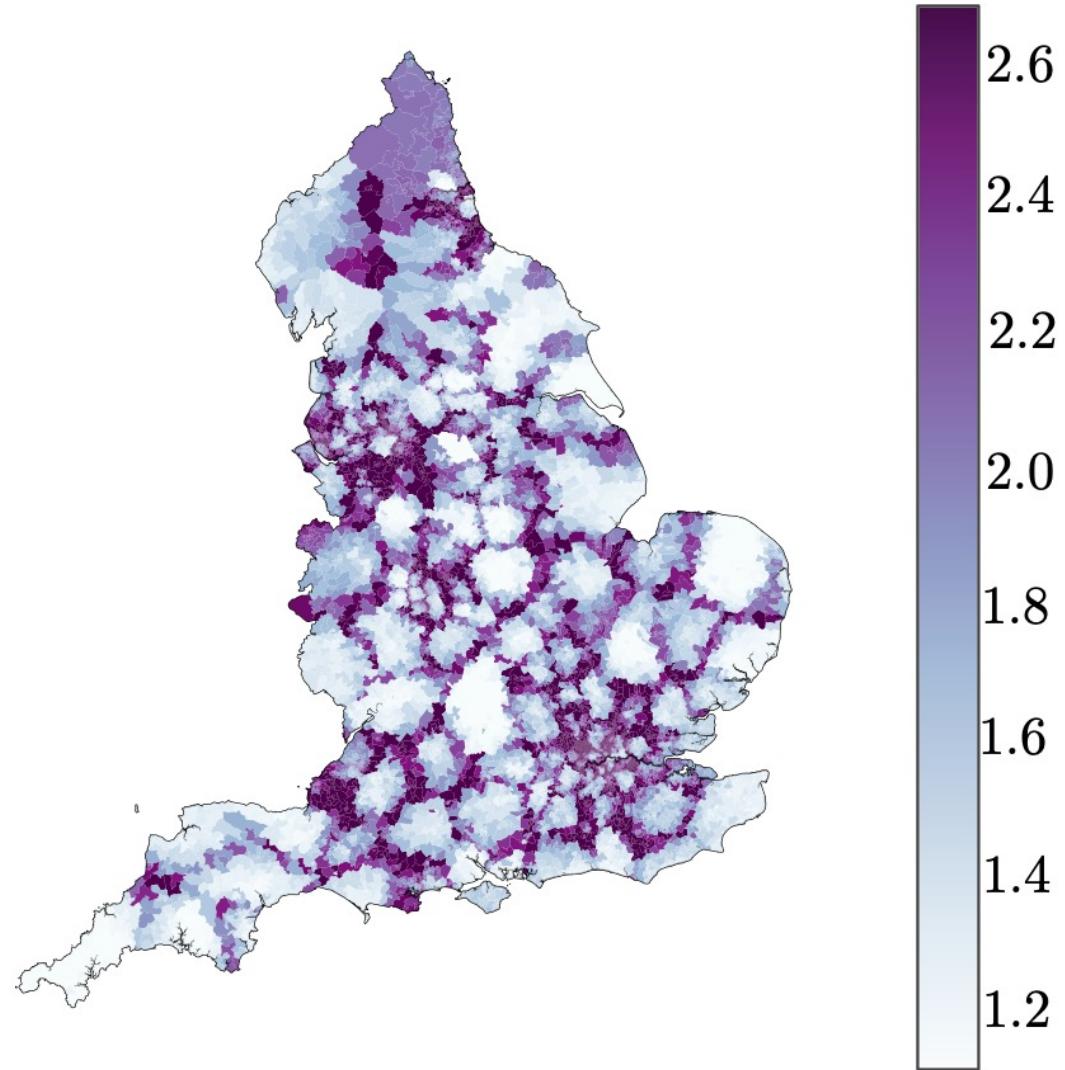


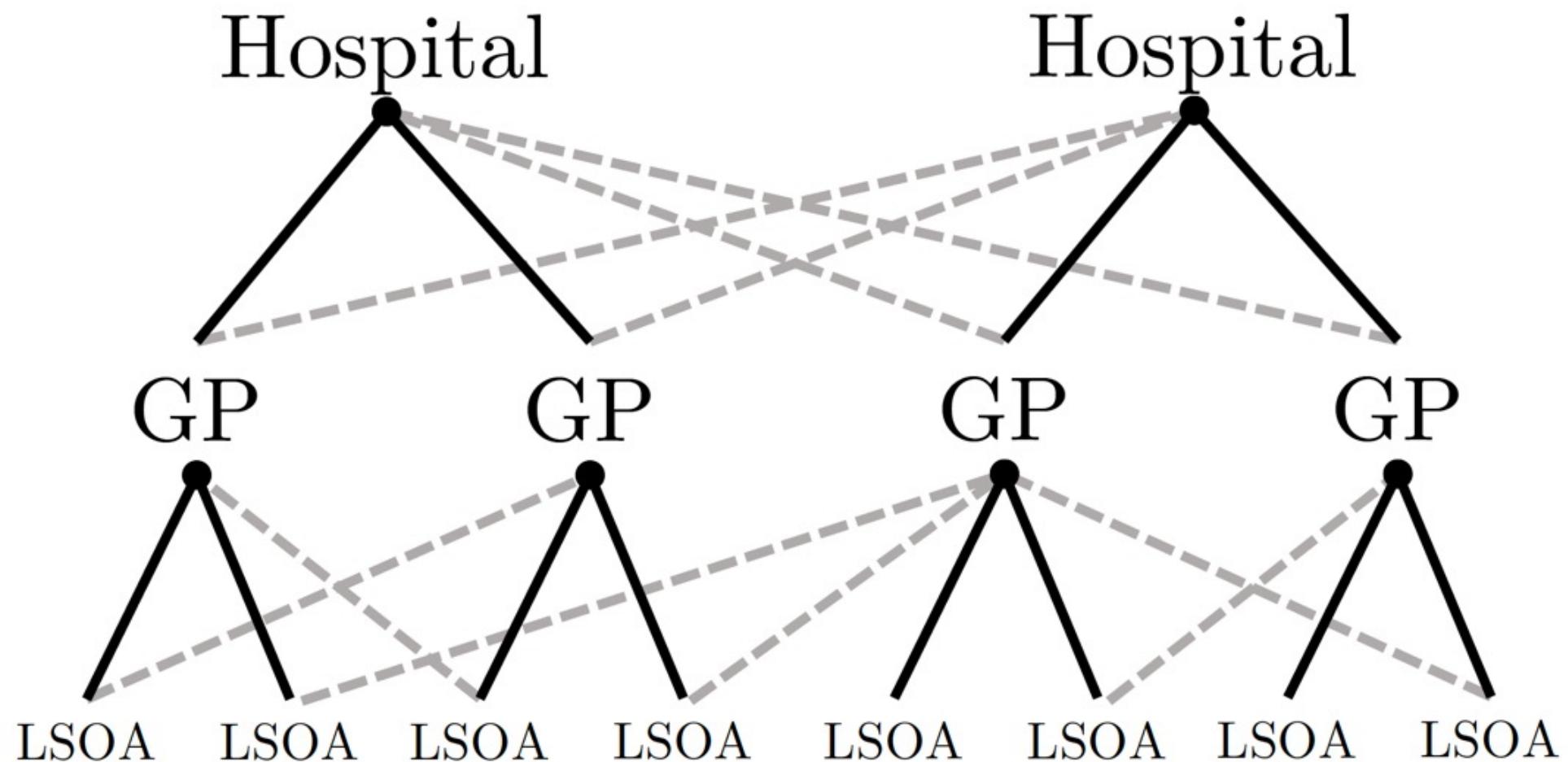
Markets and Healthcare



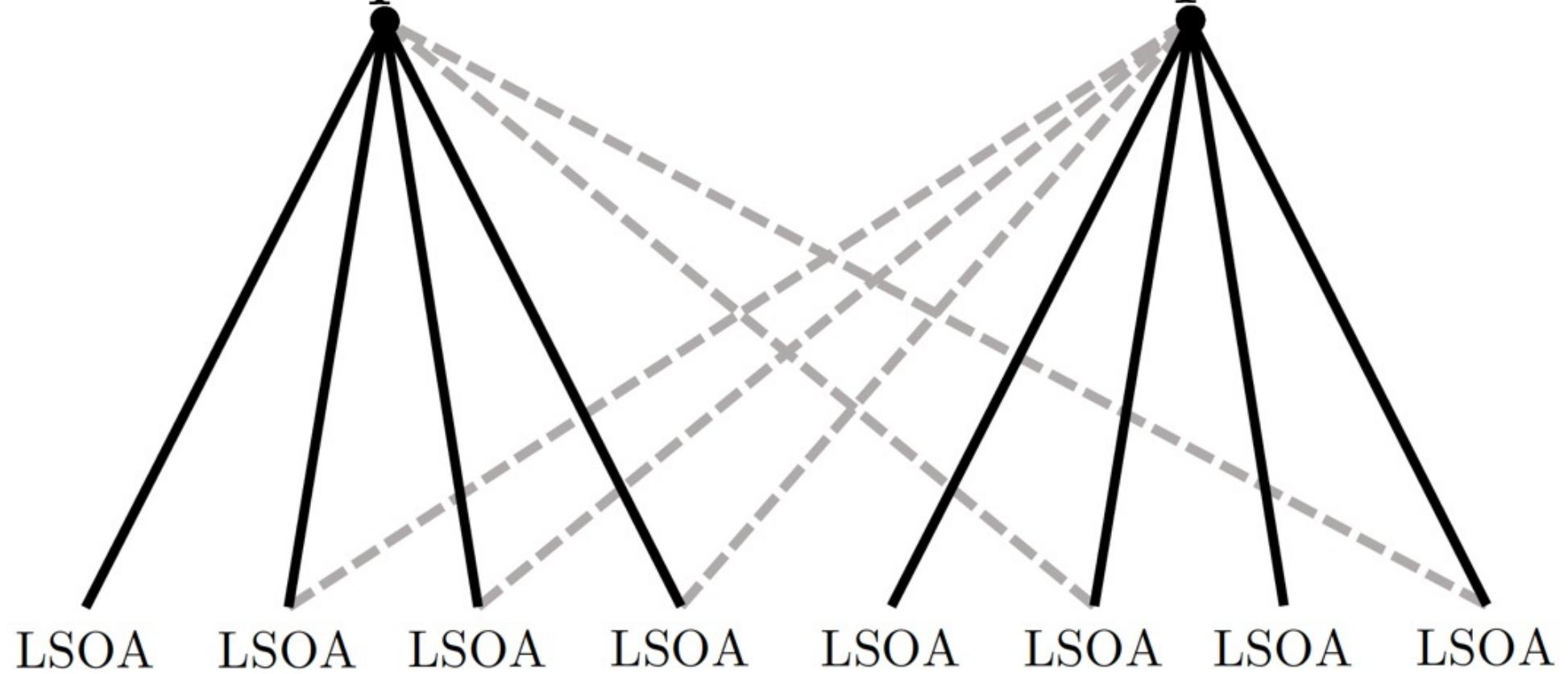
	Market 1	Market 2	Market 3
Total Companies	4	4	4
Total Companies Over 1%	3	4	4
Total Companies Over 20%	1	2	4
Equivalent Market Size	1.26	2.19	4

Markets and Healthcare

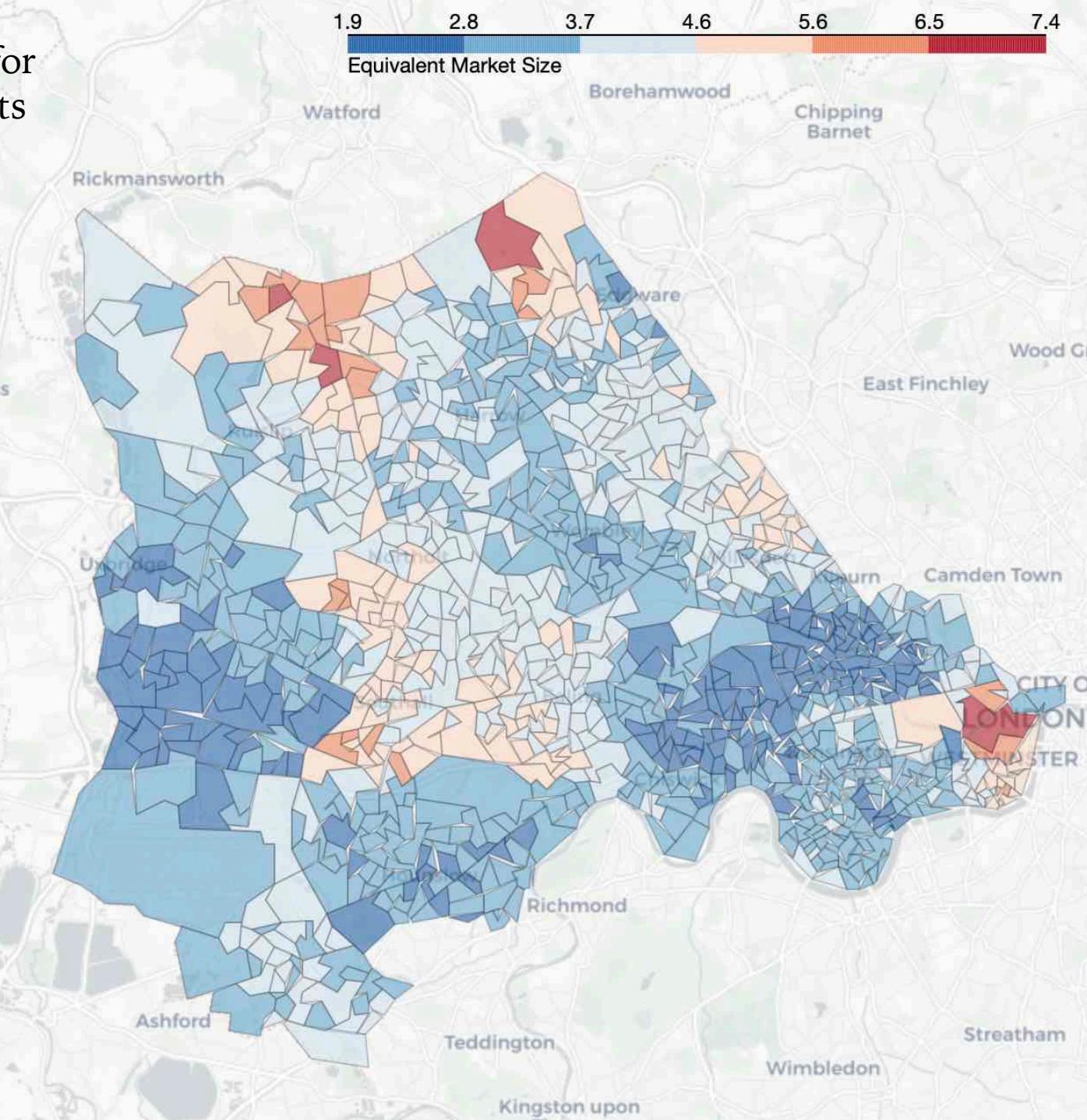




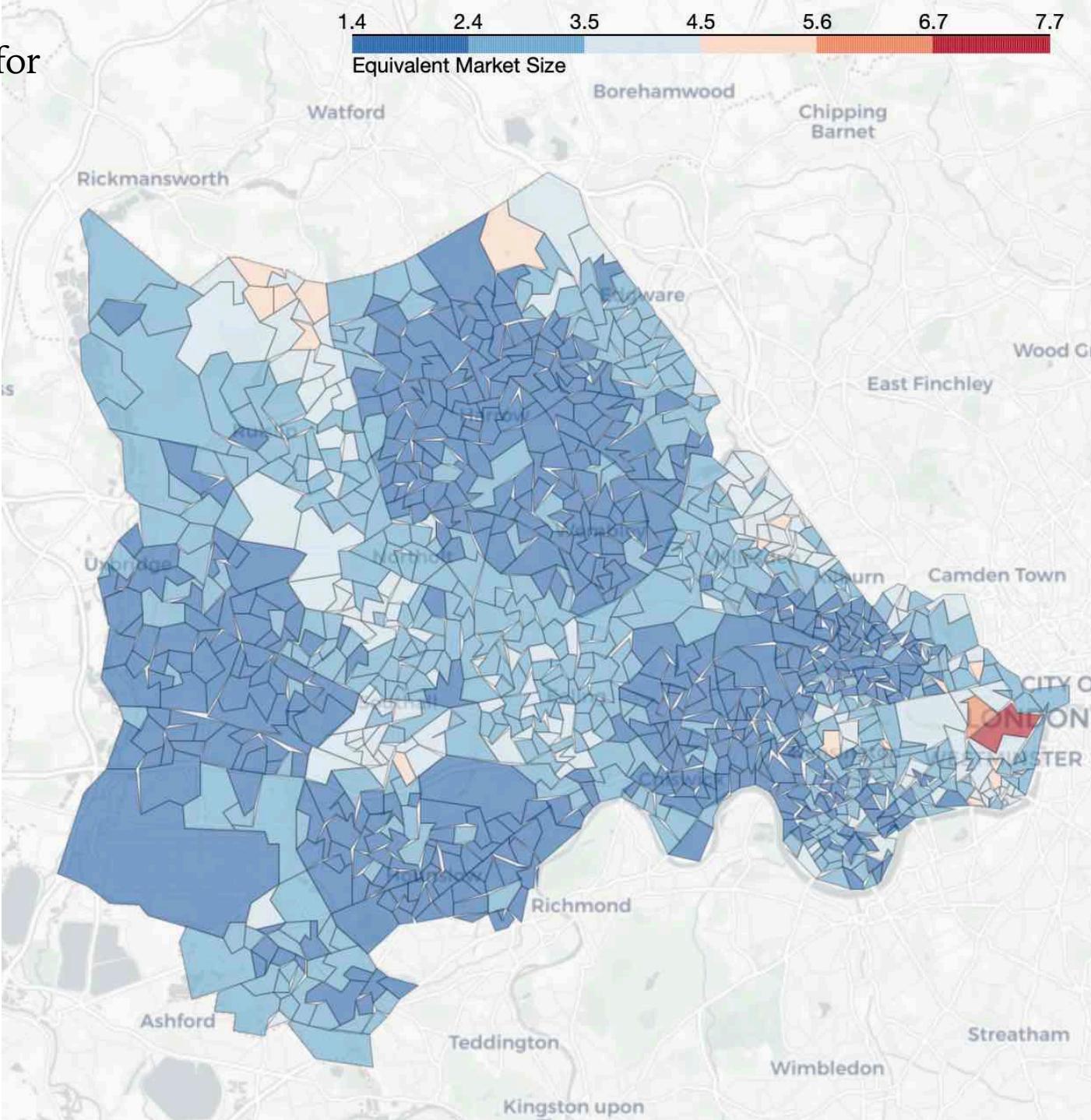
Hospital



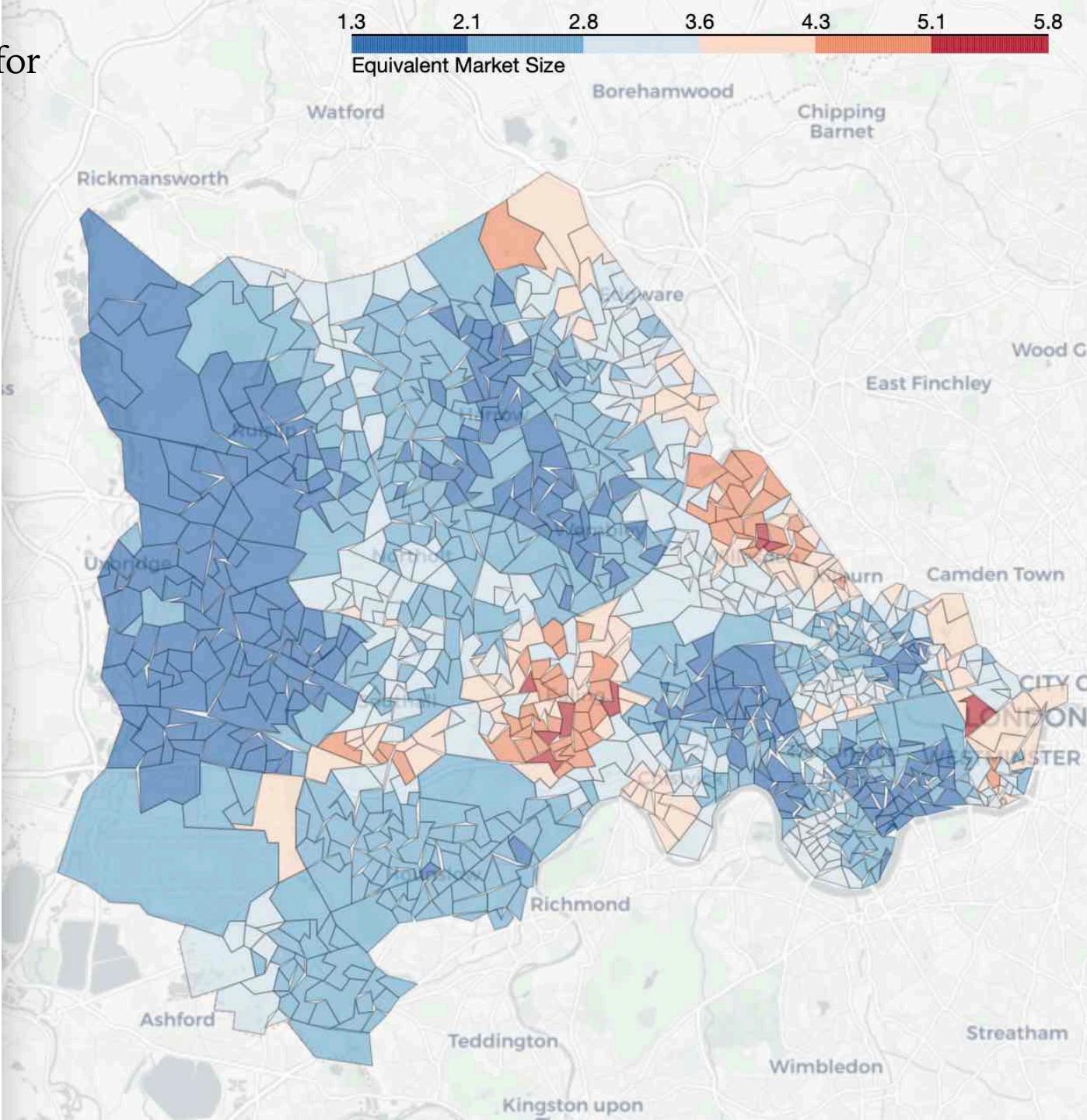
Equivalent Market Size for Outpatient Appointments



Equivalent Market Size for Hospital Admissions



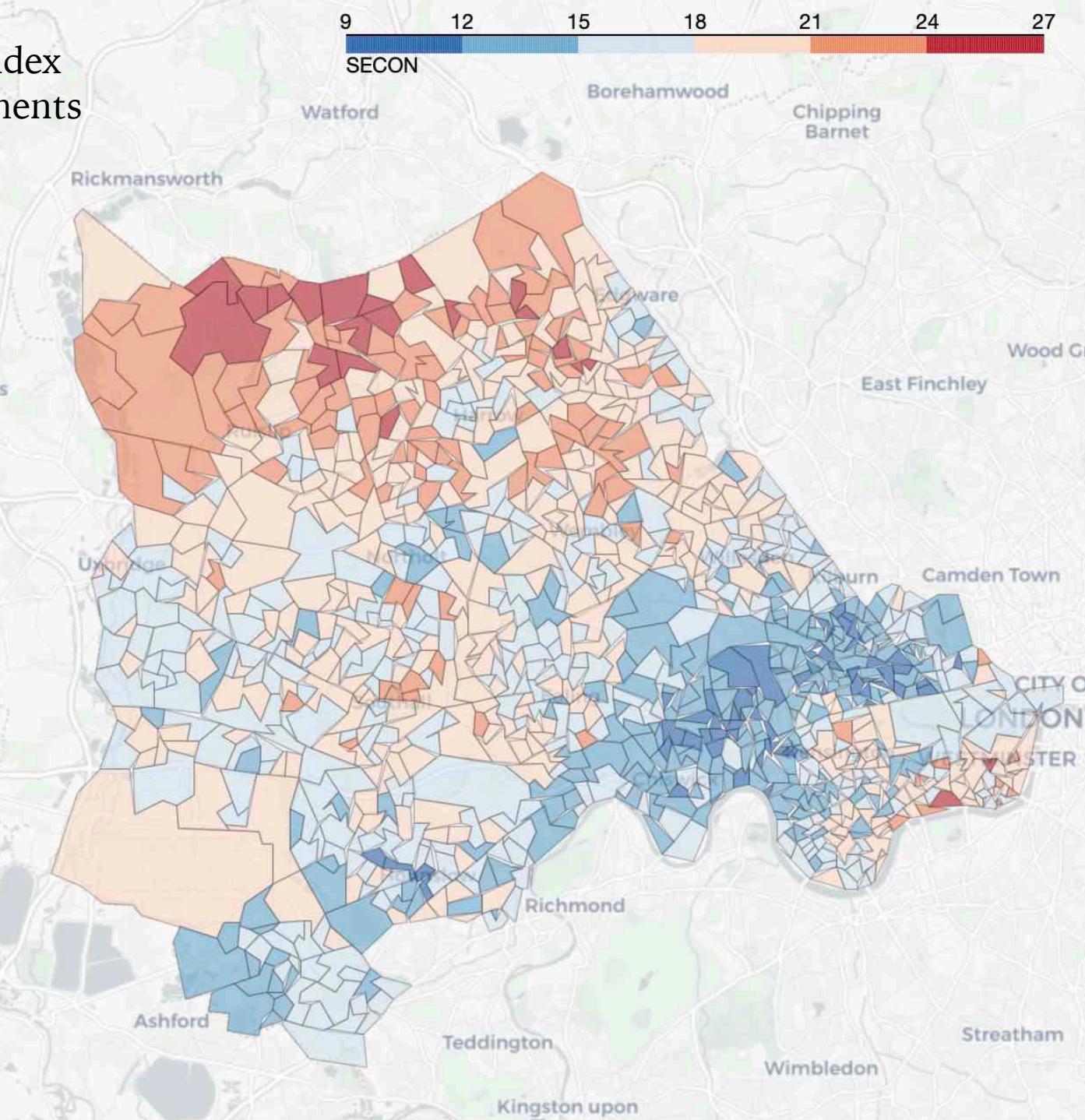
Equivalent Market Size for A&E Attendances



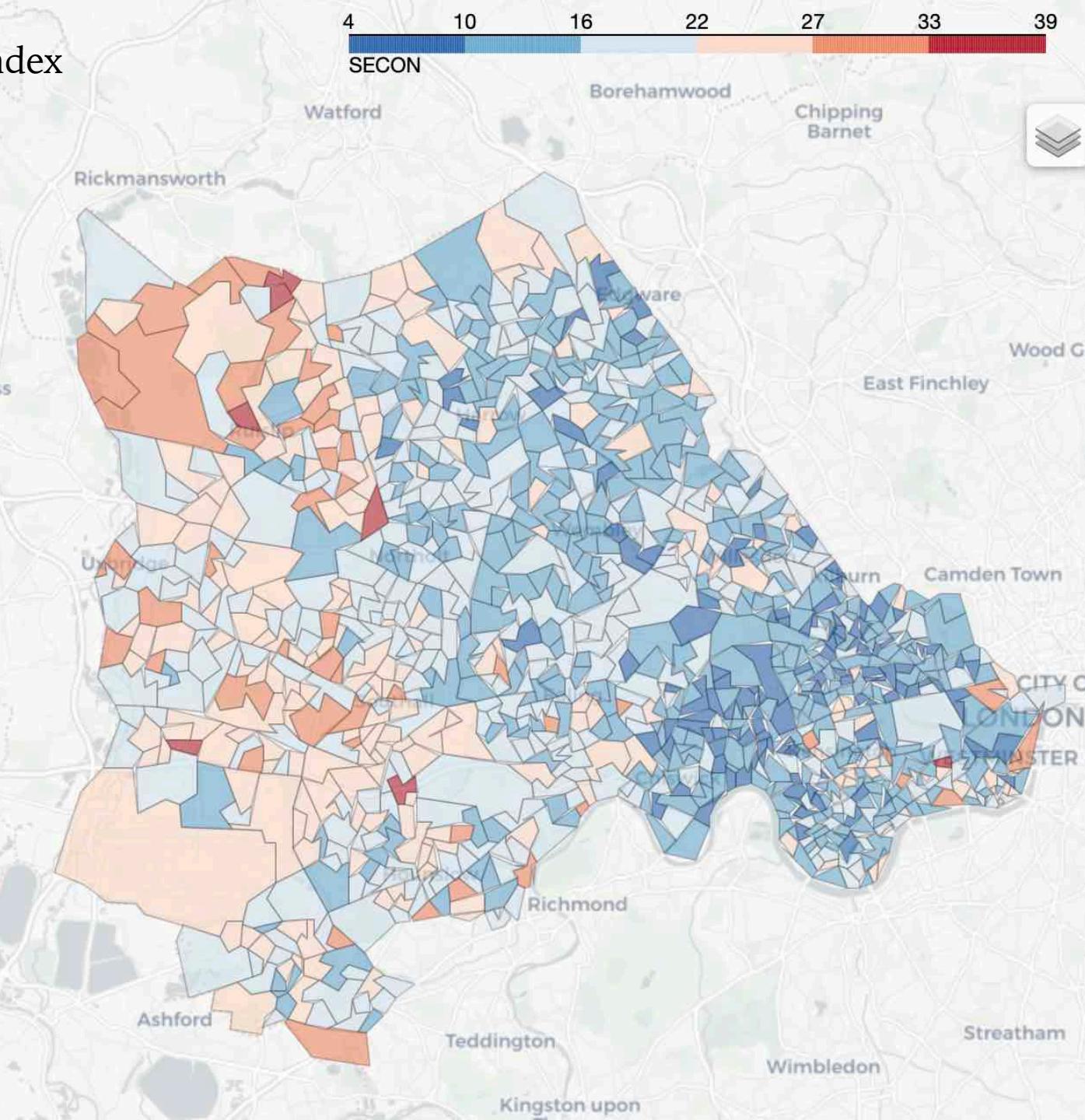
Individual Continuity

- So far we have looked at whole LSOAs
- What about individual patients?
 - AAAAABBBBB
 - ABABABABAB
 - SECON = (Number of differences / (1-Number of appointments)) * 100
 - $(1/9) * 100 = 11\%$
 - $(9/9) * 100 = 100\%$

Sequential Continuity Index for Outpatient Appointments



Sequential Continuity Index for Hospital Admissions



What have we learned?

- Different health needs and health outcomes across the area
- Integration challenges due to history and geography
- Lots of movement between hospitals
- Affluence = integration?

What could this mean for patients?

What do we know already?

BMJ Open Continuity of care with doctors – a matter of life and death? A systematic review of continuity of care and mortality

Denis J Pereira Gray,¹ Kate Sidaway-Lee,¹ Eleanor White,^{1,2} Angus Thorne,^{1,3}
Philip H Evans^{1,2}

DISCUSSION Principal findings

In a substantial majority of studies (18, 81.8%) meeting the selection criteria, higher levels of continuity of care with doctors were associated with lower mortality rates.

What do we know already?

Original Investigation

Care Fragmentation in the Postdischarge Period Surgical Readmissions, Distance of Travel, and Postoperative Mortality

Thomas C. Tsai, MD, MPH; E. John Orav, PhD; Ashish K. Jha, MD, MPH

CONCLUSIONS AND RELEVANCE Of older US patients undergoing major surgery, 1 in 4 is readmitted to a hospital other than the one where the initial operation was performed. Even taking distance traveled into account, postsurgical care fragmentation is associated with a substantially higher risk of death. Focusing on clinical integration may improve outcomes for older US patients undergoing complex surgery.

Mentimeter – Question 3

- In which context is 'joined-up' healthcare most important?

Mentimeter – Question 4

- What is the most important advantage of 'joined-up' healthcare?

What do you think?

- Is healthcare joined up enough already?
- Where is it problematic?
- What would you like to see?
- How should ‘we’ learn from the public?

Thank you

https://healthnetworks.github.io/projects/north_west_london.html

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