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An Evaluation of an Integrated Intermediate Acute Response Team (ART) in delivering person-centred, co-ordinated care

Introduction

ART is an integrated intermediate care service which provides clinical and personal care support for people who have health or social care needs, which previously would have been met by admission to hospital. The aims of the service are to provide time-specific care that is person-centred and co-ordinated, prevent hospital admissions or enable earlier, supported discharge. The team consists of general practitioners (GPs), senior nurses and therapists with integrated access to social care, and mental health. Ongoing support is provided by transitioning to mainstream services.

Key drivers for the implementation of ART were fragmented services in primary and community care, social care, the ambulance service and secondary care; multiple transitions in care impacting on length of hospital stay and poor patient experiences; inconsistency of care; and poor communication at organisational level.

Audit data demonstrated a positive impact on hospital admissions. The aims of this evaluation were to determine the extent to which ART delivered person-centred, co-ordinated care and to determine the experiences of professionals delivering the service and external stakeholders.

Methods

Interviews were conducted with service users (n=16) and carers (n=13). The P3CEQ (Sugavanam et al, 2016)¹, which measures the degree to which care is person-centred and co-ordinated was administered to users (n=21). Two focus groups were conducted with the ART (n=10) and social care team (n=5). External stakeholders (n=5) were also interviewed. Descriptive statistics were used to analyse the survey data. Interviews and focus group data were analysed thematically.

Results

The total score on the P3CEQ was 21.52/33 (SD±5.48) indicating a high degree of person-centred, co-ordinated care. Themes identified from user and carer interviews were experiences with receiving the service including timeliness; effects on health and wellbeing; support for self-management; care transitions and consistency of care. Amongst professionals, leadership, engagement, information sharing and the importance of personal relationships were key themes.

Discussion

The ART service supported the delivery of complex care in users' own homes and facilitated rapid access to different professionals and services. However, lack of capacity in mainstream services, particularly social care meant that discharging users from ART was difficult at times. Further work is needed in communicating information about the service in order to maximise uptake locally.

Conclusions

A multiprofessional, integrated team can deliver person-centred care in an intermediate care setting. Having GPs with dedicated time to deliver the service was a key factor for success.

Lessons learnt

Sustainability depends on adequate resources throughout the health and social care economy so that the team are able to stay focused on the main aims and objectives of the service.

Limitations

The small sample size meant that further sub-group analysis of the P3CEQ was not possible.

Suggestions for future research

The ART model of integrated intermediate care delivery could be compared to other rapid response services in terms of both process and patient-related outcomes.

¹Sugavanam, P., Byng, R., and Lloyd, H (2016). *Identifying and Modifying a Measure to Tap Individuals Experiences of Person Centred and Coordinated Care: The Development of P3C-PEQ*. BMC Health Services Research.