



Future Forum, phase two: Integrated services RCS consultation response

The Royal College of Surgeons welcomes the Future Forum focus on integrating services as part of its second phase of work. The College supports the aims of the Health Bill reforms to modernise the healthcare system and believe that it should be based around the patient, supported by the relevant clinicians and healthcare staff. Central to this ethos is restoring the direct working relationships between clinicians in secondary and primary health services, in order to improve continuity of patient care. The use of third party referral management systems are a noted barrier to this essential clinical conversation, and in some cases reduce patient trust in their doctors – particularly their GPs. In the health service all providers should be responsible for care needs that may result from the patient's treatment which includes managing complications and potential emergency readmission.

In October 2009¹ the College outlined what we believe are key principles in ensuring continuity of care during surgical treatment:

- **Accountability:** Consultant surgeons are clinically responsible for a patient admitted under their care from the initial referral/consultation until they are formally discharged following treatment. These consultant surgeons are expected to ensure the quality of all care received during this period irrespective of who in the clinical team delivers it. Therefore in order to ensure continuity of care patients should be assigned a named consultant who is their main point of contact.
- **Communication:** Clear and effective communication between clinicians is an essential part of ensuring continuity of care. Discontinuity from poor communication often results in omission of information leading to delayed recovery, error and adverse health outcomes and re-admission to hospital and to critical care areas. A named surgeon should ensure that there are formal and explicit handover arrangements when transferring their patients to another named colleague when unavailable for any reason. The named consultant surgeon who is responsible and accountable for the patient requires access to all clinical information. Non-clinical information such as lifestyle or family support is also important as it can affect decisions on the treatment proposed or the timing of discharge.
- **Patient experience:** Surgical patients expect their treatment to be delivered by a named consultant surgeon who is responsible and accountable for their care. They expect continuity of personnel and to see the same consultant before, during and after the treatment. They expect this consultant to be their main clinical point of contact throughout their surgical care so they can establish a relationship that provides confidence, trust and the security of knowing and understanding what to expect from their treatment.

The College believes these three principles should form part of a requirement to ensure continuity of care through health and social care. A good example of the application of these principles is the Enhanced Recovery programme, in which a whole-pathway approach is

¹ Continuity of care, position statement

<http://www.rcseng.ac.uk/policy/documents/RCS%20Continuity%20of%20Care%20statement.pdf>

adopted and high-quality communication is the default protocol – particularly between secondary care and social care services. This degree of integrated working and communication can be applied throughout the service, as there is no reason why this should be limited to an Enhanced Recovery programme. In particular, the introduction of ‘any qualified provider’ in the health service must consider integration of their services into the care pathway, ensuring that patients treated by these providers have full access to a multidisciplinary environment in the event of a complication or the need for readmission.

Mechanisms that incentivise best practice for integrated care, such as enhanced recovery, need to be addressed to encourage widespread adoption. In addition to clinical benefits to patients, cost benefits such as reduced length of stay are also achievable through integration of services. These cost benefits are not always directly delivered to commissioners though, and therefore it is important to address issues of funding in order to avoid financial disincentives/barriers to integration.

The College also welcomes the recent announcement by the Department of Health and the Future Forum of a joint project between The King’s Fund and the Nuffield Trust to support the development of a national strategy for the promotion of integrated care. We look forward to engaging with the project as it develops.

November 2011