

Integration of services and geriatric medicine

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The effective working of primary care, secondary care and social care has always been at the heart of good geriatric practice. The need for integrated care pathways is increasingly accepted by clinicians and has been championed by influential think tanks such as The King's Fund, and the first Future Forum report produced earlier this summer. These argue that integration of care produces better outcomes and therefore more cost effective outcomes. There are, of course, a number of well recognised exemplars of good practice such as Torbay.

In a recent Health Service Journal editorial,¹ Chris Ham, the Chief Executive of the King's Fund pointed out simply saying that integration was a good thing and expecting it to happen was unlikely to produce change. He highlighted some of the wrong sorts of integration which can happen:

- Integrating organisations while leaving the services and teams unchanged (a very common problem)
- Integrating around a disease not a population. So for example, focusing on people with a chronic



obstructive airways disease is good in itself, but forms another potential silo

- Integration may reduce choice and lead to new inefficiencies
- Integration may simply be a number of pilots rather than a whole system.

He argues that the main focus policy should be promoting clinical and service integration for populations such as frail older people with complex needs. This is certainly something that geriatricians would wholeheartedly support and it's good to see influential bodies, such as the King's Fund championing this vital cause. However, if the Government was serious about making moves in this direction, it needs to put forward funding models

that support it. The recently published Operating Framework of the NHS in England 2012–13 was thought to be a potential opportunity to allow more local innovative funding models that would work towards better integrated care. In reality though, the operating framework has reinforced payment by results with an insistence that commissioners enforce the financial rules.

The challenge of managing a rapidly growing frail elderly population in the UK needs a whole system approach not just at a local level but at a national level including the right funding incentives.

1. Ham C. The wrong kind of integration. *Health Services Journal*. 22 September 2011: 18