

Ana Letrato Da Silva

2414268

Changemakers: Creativity and Value Creation BMHP5014

Component 2: Assignment (Report)

Lecturer: Caroline Salami

Long wait times? How about: Integrated care!

MORE PATIENTS SEEN IN LESS TIME

The aim of integrated care is to tackle the issue faced by many health and social care service providers, long wait times.

The proposal:

The initial problem

- Nearly 60% of general employees struggle with NHS availability
- Over 42% of NHS staff feel physically unwell due to heavy workloads due to staff shortages
- As of March 2026, about 34.7% of patients were impacted by long waiting times exceeding the 18 week standard

Long waiting times is affecting both the workers and patients, integrated care aims to alleviate the pressure on both ends.

Implementation

This style of care is best implemented in community health settings like local health clinics, schools, care homes and alternative care spaces such as pop up hubs.

Regulation

Although integrated care involves the participation of more people, it is essential to ensure confidentiality, lawfulness and transparency with the patients per the Data Protection Act 2018

Promotion:

- The best way to promote this initiative:
- Posters in health care sites
 - Social media posts/ advertisements
 - Word of mouth from workers to patients
 - Flyers
 - One time trial runs

The service

Integrated care would involve gathering social care patients who receive similar care to participate in sessions together.

For example, dementia patients could participate in the same sessions that allows for activities to be done as a group which can build support and build communities.

The service is targeted to patients and workers. This way workers are able to see more patients in less sessions, and more patients can feel more supported and validated.

Timeline

In order to ensure a successful roll out, assessments will need to be made by workers to ensure the correct patients are grouped together, some factors include: age, gender, condition, accessibility, special needs etc.

Upon assessment varying groups of no more than 10 people will be assigned per worker and a learning assistant.

The first three groups will be monitored for progress and success rate if any part of the service needs to be altered.

If successful this can be part of the service provider's wider programme.



The Pitch:

Integrated care involves having patients of similar conditions within similar age ranges, gender specific (if necessary) and accessibility needs to participate in shared care sessions. This style of care will attempt to have more people in care in fewer sessions. By having around ten people in these sessions per worker and an assistant this will decrease the wait times for the patients and by having these groups happening simultaneously this can reduce the future workload for workers.

This service will work best for social work patients as it can provide the most benefit to patients. The community based service will be beneficial because as it delivers personalised care to those patients, the consistent local environment will help the patients to develop confidence with their networking skills and independence in social settings. The interactions among the group will also provide confidence within the patients, reassuring them in their experiences and validating their thoughts and feelings.

Not only is this new style of care helpful for both the workers but also for the patients. As mentioned in the poster nearly 60% of general employees struggle with NHS availability and over 42% of NHS staff feel physically unwell due to heavy workloads due to staff shortages. This implies that the long waiting times impact the workers physically and mentally, they are put to work for long hours, and this stress can have a negative impact on care for patients. On the same note, as mentioned, about 34.7% of patients were impacted by long waiting times exceeding the 18 week standard, if they then receive services from burnt out workers not only will they be unsatisfied, but they won't have their needs properly met.

To have their needs adequately met, this style of care is best suited for community health settings like local health clinics, schools, care homes etc due to the openness of it and the benefits that comes from unstructured guided conversations in a group. However, in more sensitive cases and physical health instances, integrated care is not recommended largely due to the privacy of the patient and the confidentiality of the case. In spite of that, during integrated care it's still important to ensure there is a level of confidentiality and integrity when dealing with certain topics in a group setting. Therefore, it's crucial to have some regulation as per the Protection Act 2018. It urges that there should be transparency with regards to the data that can be shared with others whilst maintaining lawfulness and confidentiality.

For a successful rollout, I have mentioned on the poster that there should be evaluation of how to organise these groups. There should be assessments made based upon different factors as discussed. Having groups of about ten people with a specialist worker and an assistant would be best. Having an assistant, for example an apprenticeship student, this would be beneficial in the long run because as they work, they are actively learning the the actual field of work while simultaneously developing the skills necessary for the role. This will help in increasing the worker fore for the future. There should be at least three test runs of these group sessions to monitor progress and to evaluate the success rate to determine if anything is to be altered only then if successful there can be a wider implementation of the service.