

The Development of a Chronic Conditions Management Service: A Case Study of Health and
Social Care Integration

By

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Abstract

This thesis explores integrated working in chronic conditions management (CCM). With recent demographic change witnessing a significant worldwide growth in the numbers of people living with chronic conditions (World Health Organization, 2014), these are people whose care needs, many argue, are best served by way of integrated care (Goodwin et al., 2012). The latter's organising principle, it is widely agreed, should be the service user perspective and its fundamental objective the improvement of their care (Goodwin et al., 2012). Existing research, however, has largely failed to take account of the views of service users and of the outcomes they value (Cameron et al., 2012). This thesis seeks to address these issues. It is a qualitative case study of the introduction of an integrated health and social care community CCM service in a Welsh locality during a Welsh Government initiative, focusing on the development of integrated care for people living with chronic conditions and the involvement of service users. It combined: non-participant observation of meetings; individual semi-structured interviews with lead-agency representatives, people living with chronic conditions, carers, referrers to the new service and voluntary/third sector representatives; focus groups with front-line health and social care professionals; and documentary research. The study incorporates an original combination of topics and examination of service user and carer perspectives, an examination of previously unexplored contextual factors and an original application of analytical and conceptual approaches. In so doing, it highlights the way in which inadequate funding, concurrent structural reform, conflicting strategies, unclear objectives and time-pressure militated against the involvement of service users and changes to their experience of care and that the initiative, consequently, did not deliver an integrated service. These factors point to a need for a more carefully considered governmental approach to CCM and integration and a requirement for more service user-focused research.

DECLARATION

This work has not previously been accepted in substance for any degree and is not being concurrently submitted in candidature for any degree.

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STATEMENT 1

This thesis is the result of my own investigations, except where otherwise stated. Where correction services have been used, the extent and nature of the correction is clearly marked in a footnote(s).

Other sources are acknowledged by footnotes giving explicit references. A bibliography is appended.

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STATEMENT 2

I hereby give consent for my thesis, if accepted, to be available for photocopying and for inter-library loan, and for the title and summary to be made available to outside organisations.

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Abbreviations

AC	Audit Commission
BMA	British Medical Association
CCM	Chronic Conditions Management
CDM	Chronic Disease Management
CHC	Community Health Council
COPD	Chronic Obstructive Pulmonary Disease
CRT	Community Resource Team
CSIP	Care Services Improvement Partnership
CVD	Cardiovascular disease
DH	Department of Health
EPP	Expert Patient Programme
GP	General Practitioner
HSCWB	Health Social Care and Wellbeing
HWBPIB	Health and Wellbeing Best Practice and Innovation Board
ICN	Integrated Care Network
IDeA	Improvement and Development Agency
IRAS	Integrated Research Application System
LHB	Local Health Board
LLT	Locality Leadership Team
LREC	Local Research Ethics Committee
LSB	Local Service Board
LTC	Long-term condition
MS	Multiple sclerosis
NAW	National Assembly for Wales
NCD	Non-Communicable Disease
NCICS	National Collaboration for Integrated Care and Support
NHS	National Health Service
NIA/NIH/USDHHS/WHO	National Institute on Aging/National Institutes of Health/US Department of Health and Human Services/World Health Organization
NICE	National Institute for Health and Care Excellence
NLIAH	National Leadership and Innovation Agency for Health care
NMC	Nursing and Midwifery Council
NPCRDC	National Primary Care Research and Development Centre
NPHSW	National Public Health Service for Wales
NSF	National Service Framework
OECD	Organisation for Economic Co-operation and Development
ONS	Office for National Statistics
PACE	Program of All-inclusive Intensive Care for the Elderly
PCT	Primary Care Trust
PID	Project Initiation Document
PPI	Patient and Public Involvement
PRB	Population Reference Bureau

PRISMA	Program on/of Research for Integrating Services for the Maintenance of Autonomy
RCN	Royal College of Nursing
RCT	Randomised controlled trial
REC	Research Ethics Committee
RCP/RGP/NHS Alliance	Royal College of Physicians/Royal College of General Practitioners/NHS Alliance
SCIE	Social Care Institute for Excellence
SIPA	Système de Services Intégrées pour les Personnes Âgées en Perte d'Autonomie
UK	United Kingdom
UN	United Nations
U.S.	United States
USGAO/PEMD	The United States General Accounting Office Program Evaluation and Methodology Division
WAG	Welsh Assembly Government
WAO	Wales Audit Office
WG	Welsh Government
WHO	World Health Organization
WMA	World Medical Association
YLL	Years of Life Lost

Data Identifiers

BLMO:	Building the Locality Meeting Observation
CLI:	Client interview
EMA:	Email correspondence
FNMO:	Field-notes Meeting Observation
FPCO:	Front-line professional consultation observation
FPFG:	Front-line professional focus group
GPI:	General Practitioner Interview
ICI:	Informal carer interview
JLLTMO:	Joint Locality Leadership Team Meeting Observation
LARI:	Lead Agency Representative Interview
LLTMM:	Locality Leadership Team Meeting Minutes
LLTMO:	Locality Leadership Team Meeting Observation
MMO:	Managers' Meeting Observation
MP:	Management Presentation
RD:	Reflexive Diary
RMO:	Review Meeting Observation
VSRI:	Voluntary sector representative interview