



Health Commission - Summary Report 2013

Could Integrating Care for Older People Improve Health (and Social) Outcomes?

Findings

Public-funded health systems across Europe are struggling to provide excellent care whilst meeting the challenges of a growing burden of disease and costly medical technologies. More integration is one possible solution.

There is no 'best practice' model for health integration but clinical and service integration that focusses on the needs of individuals, especially where care is from different professionals and organisations, does show some positive results.

Without integration patients get lost in the system, services fail to be delivered or are duplicated, quality of care declines, and cost-effectiveness diminishes.

Integration is a continuum, not two extremes of integrated or not integrated and does not require everything to be presented in one package.

Integration is no cure for inadequate resources or poor practice but may provide savings to reinvest in care or training.

Many professionals see the benefits of integration but others feel threatened by possible organisational change. However, organisational integration is neither necessary nor sufficient to deliver the benefits.

Integrated care should be targeted at those who will benefit most e.g. frail elderly and those with long term conditions.

Integration can be achieved without legislative and should be driven by the health system not Governments.

For integration to work there must be capacity in primary and community services and subsequent downsizing of acute hospitals.

The outcomes of integrating services will not be assured until there is a unified monitoring system.

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