

Integrated Care Systems

Top line messaging and engagement approaches

Stakeholder	Areas for engagement
ICS Chair	<ul style="list-style-type: none"> • Broader introduction to company and approach to partnership working. • Patient safety/increasing quality and efficacy – link to population health. • Fits within optimal care pathway for condition specifics and will support push for more citizens to be cared in optimal settings • Aligns with opportunities for ICS to be an exemplar in condition specific management.
ICS Chief Executive Officer	<ul style="list-style-type: none"> • Supporting ambitions in relation to NHS restart opportunities to increase nearer to patient models of care. • Addressing quality and undiagnosed/unmet need. • Aligned with Long Term Plan ambitions. • Development of an optimal care pathway. • The development of metrics to provide an evaluation of the pathway and its outcomes for patients. • Reduction in hospital admissions or attendances (A&E and OP). • Develop wider benefits - looking at screening and detection and reducing variation in outcomes, supporting case studies to present holistic view and help bring together key stakeholders.
Medical Director/Chief Pharmacist	<ul style="list-style-type: none"> • Positive messages on increasing quality and reducing variation. • Impact on reducing workforce burden. • Capacity releasing delivery of optimal care pathway. • Data modelling – link to HES dashboard. • Patient support and patient experience improvement – exemplar. • Removes the burden of regular trips to hospital, allowing patients to maintain their usual routines.
Transformation/ Strategy Director	<ul style="list-style-type: none"> • Examples and opportunities inherent in working with company to support breadth of ambition of transformation strategy. • Support for and pivotal in matrix-working across the system. • Supporting transformation and innovation informed by research, real world evidence and patient experience insight. • Stakeholder engagement on issues requiring wider consensus, participation and involvement.

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Conclusio.

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Primary Care Networks - Clinical Directors/Clinical Pharmacists	<ul style="list-style-type: none">• Manage NHS resources more efficiently to improve quality and access to care.• Improve health outcomes while reducing inequalities in quality, access and outcomes.• Build better partnerships with local government and other community partners.• Provide better and more independent lives for people with complex needs.• Create the capacity to enable the implementation of system-wide changes.• Supporting dialogue between community pharmacists and PCN clinical pharmacists• Supporting national contract and ARRS stipulations and workstreams.
Community Pharmacy Lead	<ul style="list-style-type: none">• Understanding the community pharmacy opportunity to support patients and high street healthcare through advanced and enhanced services. Can they be brought into a model approach?• Supporting dialogue between community pharmacists and PCN clinical pharmacists.• Pharmacy First agenda Primary Care Recovery• Patient Support Programmes.