Working towards safe, integrated, and effective care for people with multimorbidity

The purpose of this leaflet is to provide an overview of the multimorbidity research we are carrying out at the Centre for Primary Care, University of Manchester

To find out more, you can:
- Follow the links in this document
- Get in touch via Twitter
- Contact a researcher

Multimorbidity
Two or more long-term conditions e.g. diabetes, arthritis, and heart disease

Improving care for people with long-term conditions is a priority
- The majority of healthcare appointments are about long-term conditions
- These conditions can have a massive impact on people’s quality of life
- Managing these conditions is a big part of the NHS budget
- Many people have more than one long-term condition (multimorbidity)

Working with colleagues from the Universities of Oxford and Nottingham, we have spoken to people living with multimorbidity about the challenges they experience. We are sharing what we have learned with other patients, carers, and care providers through healthtalk.org

“Support, encouragement, empathy is best when it comes from someone in the same situation as you”

Reliable health information from patients, for patients

healthtalk.org is a partnership between the DIPEX charity and The Health Experiences Research Group (HERG) at The University of Oxford’s Nuffield Department of Primary Care Health Sciences
OUR RESEARCH

Through healthtalk.org, we are highlighting the challenges faced by people with multimorbidity so this information can be used to identify new ways of providing and managing healthcare.

Through other projects, we are finding ways to make care for people with multimorbidity:

- Safer
- More integrated
- More effective

Over the following pages, we highlight our main areas of research, and how we are involving patients, carers and professionals.

**IMPROVING SAFETY**

**INTEGRATING CARE**

**MANAGING DEPRESSION**

**Key challenges**

- Managing treatments for more than one condition at the same time
- Dealing with a lack or poor quality of provider-patient communication
  - Making difficult decisions about what to prioritise
  - Co-ordinating care from different professionals

Our research has the potential to change the healthcare experiences of millions of people.

**65.1 million people live in the UK**

Approximately:

- **23%** of the population has multimorbidity
- **67%** of people aged 65+ have multimorbidity

The population is aging and the number of people with multimorbidity will increase.
People with multimorbidity are more likely to experience risks to their patient safety. Risks can include errors or delays in diagnosis, mistakes in prescribing or taking medications, breakdowns in communication, and problems with the way care is organised.

We also reviewed qualitative studies that explored people’s views about patient safety, and how they behave.

We found ‘human factors’, or individual people, are important in promoting or degrading safety in primary care.

Good communication between patients and healthcare staff, and the different people involved in a patient’s care is a core element of safety.

Electronic health records and prescribing systems can be beneficial but may cause problems if they reduce doctor-patient communication or create an illusion of safety.

**The MAXIMUM study**

Older people with multimorbidity may be especially vulnerable to risks and harms because they are also more likely to be frail and have memory problems.

In the MAXIMUM study, we are following a group of older people with multimorbidity over two years.

We want to understand how and when safety failures might occur, and how patients and services respond.

We are exploring ways of engaging patients and carers more in their own care using, for example, shared decision-making and empowerment.

Through the EPHESUS project, we have involved patients, carers and healthcare professionals, in shaping interventions to improve patient safety.

We used a method called Accelerated Experience-Based Co-Design (AEBCD), which involves showing videos of patients talking about the issues that matter to them.

People with multimorbidity highlighted the important role of pharmacists in improving medication safety.
Integrated care involves providing services that focus on patients’ needs and preferences, and organising services to help professional work together.

Many services are trying to integrate care for older people with multimorbidity by introducing ‘case management’

This involves groups of professionals working together to improve the care of patients at the highest risk of poor outcomes or hospital admissions.

Although popular, our research (published in the journals *PLoS ONE* and *BMJ Open*) suggests it is not very effective at reducing emergency admissions (a key aim) but patients may have a better experience of care.

Case management may not be effective on its own but may work better where it is supported by other changes leading to closer working between the NHS, social care and other agencies.

In our [CLASSIC] research, we are testing a different way of providing care for older people with multimorbidity to see if it can improve patient outcomes. It is called Salford Together. This is an integrated care programme that includes case management.

The 3D study

Many older people with multimorbidity get most of their care from their local general practice. However, some patients find they have to attend lots of appointments, and the care they receive is not always well co-ordinated.

In the [3D study], we are working with colleagues in Bristol and Glasgow to introduce a new approach.

It has been designed to make things easier for patients and better address their needs by looking at the whole picture rather than single conditions.

It includes regular ‘3D’ (dimensions of health, depression, and drugs) reviews.

In 2017, we will be able to say whether this model improves patient outcomes.
Many people with multimorbidity have symptoms of depression and anxiety

In a **systematic review** of previous research, we found people with these symptoms are more at risk of patient safety incidents than other people with multimorbidity

It is very important to improve care for this group, who may be especially vulnerable

**The COINCIDE trial**

We talked to patients, carers and healthcare professionals about their experiences of managing depression alongside other long-term conditions

Professionals were also reluctant to diagnose depression, as people were often resistant to being 'labelled' as having a mental health problem

Depression was often overlooked as it can be seen as an understandable result of dealing with different health problems

Data from this study informed the Collaborative Interventions for Circulation and Depression (COINCIDE) trial

One way of helping people with long-term conditions and depression is to use a model called ‘collaborative care’

This involves a special worker helping the person with their depression, and co-ordinating care with their GP

We tested collaborative care for people with depression and long-term conditions, such as heart disease and diabetes, in the COINCIDE trial

This improved their depression outcomes, and may have longer term benefits in helping them better manage their long-term conditions

When we looked at studies done around the world, we found that collaborative care does seem to work well for people with depression and other long-term conditions
WHO ARE WE?

Most of the work described here is funded by the National Institute of Health Research (NIHR). It represents the efforts of a large group of people. Many of us work at the Centre for Primary Care but we collaborate with other researchers at the University of Manchester, and from universities across the UK.

We get a lot of help and advice from our patient and public involvement members, and have set up a number of groups to help us better understand the views of patients.

In this video, members of the MRAG talk about their experience of being involved in research.

WHAT ARE WE DOING?

Working towards safe, integrated, and effective care for people with multimorbidity

Building on the research described here, we will design and develop new ways of working, to make it easier for people with multimorbidity to work with professionals, be safer, healthier, and more active.

Keep up with our work through our websites:
- Centre for Primary Care
- Greater Manchester PSTRC

Or, follow us on Twitter:
- @PrimaryCareMcr
- @GM_PSTRC
- @Multimorbidity

This work is based on independent research funded by the NIHR. Views and opinions are those of the authors and do not necessarily reflect those of the NHS, NIHR, NETSCC, HS&DR or Department of Health.