The Case for Interprofessional Collaboration

In Health and Social Care

Geoffrey Meads
John Ashcroft

with

Hugh Barr
Rosalind Scott
Andrea Wild

Blackwell Publishing

CAIPE

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Contributors

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The Series

Promoting Partnership for Health

Health is everybody's responsibility: individuals, families, communities, professions, businesses, charities and public services. It is more than prevention and cure of disease. It is life-fulfilling for the wellbeing of all. Each party has its role, but effective health improvement calls for partnership, more precisely for many partnerships which bring them together in innovative and imaginative ways. The scope for this series is correspondingly wide.

Successive books will explore partnership for health from policy, practice and educational perspectives. All three drive change. Policy presses the pace of reform everywhere, as this first book in the series demonstrates compellingly. Change is, however, also driven by the demands of practice, triggered by economic and social trends, technological advance and rising public expectations. Education responds but also initiates as a change agent in its own right.

Progressive healthcare is patient centred. The series will wholeheartedly endorse that principle, but the patient is also relative, citizen, client and consumer:

- relative sustaining, and sustained by, family
- citizen working for, and benefiting from, community, country and comity of nations
- client of countless professions
- consumer of health-enhancing or health-harming services

A recurrent theme will be the roles and responsibilities of professions, individually and collectively, to promote and sustain health. The focus will be on the health and social care professions, but taking into account the capability of every profession to improve or impair health. The responsibility of the professions in contemporary society will resonate throughout the series starting from the premise that shared values of professionalism carry an inescapable obligation to further the health and wellbeing of all.

Each book will compare and contrast national perspectives, from developing and so-called developed nations, set within a global appreciation of opportunities and threats to health. Each will be driven, not simply by self-evident scope for one nation to learn from another, but also by the need to respond to challenges that pay no respect to national borders and can only be addressed by concerted action.

Partnership has become so fashionable that it is tempting to assume that all reasonable men and women will unite in common cause. Experience teaches otherwise: best laid plans too often founder for lack of attention to differences which can bedevil relationships between professions and between organisations. This series will not be starry eyed. It will alert readers to the pitfalls and to ways to avoid them.

The three books introducing the series focus on collaborative working and learning between services and between professions in health and social care. The first finds collaboration critical to effective implementation of health care reforms around the world. The second makes the case for interprofessional education as a means to promote collaborative practice corroborated by emerging evidence from systematic searches of the literature. The third marries evidence with experience to assist teachers to develop, deliver and evaluate interprofessional education programmes. All three transcend professional, organisational and national boundaries to share experience as widely as possible for the common good, as they set the tone for the series.

Hugh Barr
Series Editor
Autumn 2004

List of books in the series to follow

Barr, H., Koppel, I., Reeves, S., Freeth, D. & Hammick, M. (Forthcoming) *Effective Interprofessional Education: Argument, Experience and Evidence* ISBN 1 4051 1654 4

Freeth, D., Hammick, M., Barr, H., Koppel, I. & Reeves, S. (Fothcoming) Effective Interprofessioanl Education: Development, Delivery and Evaluation ISBN 1 4051 1653 6

Foreword

Relationships lie at the heart of health and social care. They are a significant factor in our personal health and well-being, while the nature and conduct of a wide range of relationships influences the quality of the care that we receive. However, even with the best intentions it is hard to order our relationships effectively, individually or as a society.

My own interest in how the political, economic and social order shapes relationships goes back to life in Nairobi in the 1970s. Students there were asking whether they should be Marxists, following the violent revolution in neighbouring Ethiopia; or Socialists, following the 'ujamaa' socialism of Julius Nyerere in Tanzania; or follow the more capitalist approach to land reform of Jomo Kenyatta in Kenya. In each country whole systems of relationships were reordered, with very different community outcomes.

This book explores how global modernising policies are reshaping health care relationships. The current UK context is reform, not revolution. Yet health and social care professions are faced with substantial changes in the pattern of their relationships. Both in the UK and internationally, they are part of a political process of seeking wider social and economic outcomes, at the same time as pursuing their own vocation among the individuals, families and communities they serve. Providing health and social care depends upon the quality of professional relationships, and redefines those relationships. In the context of change it is essential to be clear about how to define our goals in terms of relationships, as well as to understanding how we structure and conduct relationships to achieve those goals. For the professions, collaboration in key relationships, and the learning and development which results, is an essential context for this task.

The contribution of the Relationships Foundation to this book is part of a wider programme of work which is seeking to learn how to sustain relationships across society. With respect to public services this has included supporting organisational development in primary care, as well as considering the interplay between public services and changing family and community relationships. Getting the latter right is essential if a focus on relationships is to be the key to tackling the consequences of social alienation.

The message of this book is timely and important. It offers a powerful reminder of the price of failing to get relationships right within our public services. More significantly, it demonstrates the dividends of focusing on relationships, together with lessons and examples of how to achieve these dividends within the current policy context. Thirty years on from those early discussions in Nairobi I still feel,

in many ways, a beginner when it comes to the theme of relationships, so I warmly welcome this book as part of a long-term programme of relationships education and management.

Michael Schluter
Chairman, The Relationships Foundation

Preface

Traumatic events do bring people together. Collaboration is often a positive response to adverse circumstances. So it has been with this book. Written by five people with varying levels of past association with the UK Centre for the Advancement of Interprofessional Education (CAIPE), and with each other, the book represents a coming together in response to the terminal illness of the man who should by rights, have been its author.

Paul Gorman died in 2002. Over the three years that he suffered from cancer he continued to plan and hope that he would be able to fulfil his ambition to assist health and social care professionals by providing them with a written guide that would improve the service of their working lives – together. He had already produced a standard text on multidisciplinary teamwork[1]. A passionate believer in collaboration, he would have brought a felicitous style of writing to the subject of interpersonal learning and development, which we cannot emulate, but we have done our best to imitate. This is a book that needs to be readable. Paul's original format for the book, to which we have tried to remain true, was all about offering simple and usable answers to the basic questions posed by those with busy lives in today's ever changing health and social care organisations.

Our purpose is the same. Paul adopted a UK perspective. We go further, recognising that collaboration and its associate issues know no geographical boundaries. This has provided us with the opportunity to draw on current and often previously unpublished research and developments from all over the globe. We hope that this offers a larger tribute to Paul.

There are others, of course, whom we must acknowledge. Those overseas who have arranged and participated in the interviews, site visits, surveys and work-shops from which much of our data is derived, are too numerous to mention by name. The same applies back home to those in health and social care organisa-tions we have studied over the past ten years.

But particular thanks are due to our key sponsors and supporters. Amongst the former, Dr John Horder at CAIPE, Dr Michael Schluter at the Relationships Foundation and Dr Frances Griffiths at the Centre for Primary Health Care Studies, University of Warwick, have been pivotal in enlisting their organisations'

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[1] Originally a historian and urban planner Paul drew together his freelance experience of facilitation with NHS agencies in *Managing Multidisciplinary Teams in the NHS* (1998). Kogan Page, London. His training and consultancy also took him into collaborations with the NSPCC, local authorities, as well as, of course, with CAIPE.

commitment. Amongst the supporters, Dr David Percy at the Special Health Authority, responsible for the NHS university project, Dr Philip Leech and Pippa Bagnall, guardians of interprofessional care at the Department of Health, and Professor Jeremy Dale, at the University of Warwick, have been important personal associates in the UK. Abroad, the quiet facilitative support of UK Embassies, Canning House, the British Council and Department for International Development officers has been too easy to take for granted, with the likes of Michael Valdes Scott, Victoria Harrison, Peter Bird, Ariel Frisancho, Monica Eggers, Paula Santana, Mark Lewis, Alan Richmond, Louise Batchelder, Mamas Tountas, Christos Lionis and Chutatip Siripak not only enabling us to understand globalisation in practice, but to experience its real potential for collaborative goodwill.

Finally, two individuals deserve a special mention for their behind the scenes spadework: Michiyo Iwami and Catherine Beckett. Their research and administration has contributed to every page of the text, and we are deeply grateful.

Collaborative enterprise is hard work, often without tangible reward or visible result. We hope all who have helped us will feel, along with Paul Gorman's family, that this book does offer such an outcome.

Geoffrey Meads
Highcroft, Winchester
Autumn 2004

Abbreviations

AANP	American Academy of Nurse Practitioners
AIDS	Acquired Immune Deficiency Syndrome
ANZAME	Australia and New Zealand Association for Medical Education
APMCG	National Association of General Medical Practitioners (Portugal)
BLAT	British Life Assurance Trust
BMJ	British Medical Journal
BRHSC	Bristol Royal Hospital for Sick Children
CAIPE	Centre for the Advancement of Interprofessional Education
CBHD	Community-Based Health Development (Philippines)
CHAI	Commission for Health Audit and Inspection
CHD	Coronary Heart Disease
CHI	Commission for Health Improvement
CHW	Community Health Worker
CLAS	Comités Locales de Administración de Salud (Peru)
COBES	Community-Based Education and Service
COME	Community Oriented Medical Education
CRIS	Crime Information System
CVD	Cardiovascular Disease
DETR	Department of Environment, Transport and the Regions
DFID	Department for International Development
DOH	Department of Health
DRG	Diagnostic Related Group
DTC	Diagnostic and Treatment Centre
EMPE	European Network for the Development of Multi-Professional Education in Health Sciences
EPS	Entidades Promotoras de Salud (Colombia)
ESS	Empresas Solidarias de Salud (Colombia)
EU	European Union
EYS	National Health System (Greece)
FONASA	Health Fund (Chile)
GDP	Gross Domestic Product
GITT	Geriatric Interdisciplinary Team Training
GP	General Practitioner
GPWSI	General Practitioner With Special Interest
HAZ	Health Action Zone
HEA	Health Education Authority

HIV	Human Immunodeficiency Virus
HMO	Health Maintenance Organisation
HPSISNP	Health Professions Schools in Service to the Nation Program
HSC	Health Service Circular
IKA	Ministry of Social Affairs (Greece)
IMSS	National Insurance Fund (Mexico)
IPE	Interprofessional Education
IPPR	Institute of Public Policy Research
ISAPRE	Private Insurance Fund (Chile)
IT	Information Technology
JET	Joint Evaluation Team
KELA	National Social Security Institute (Finland)
LHB	Local Health Board (Philippines)
LHS	Local Health System
LSP	Local Strategic Partnership
MINSA	Ministry of Health (Peru)
NGO	Non-Governmental Organisation
NHS	National Health Service (UK)
NHSU	National Health Service University
NICE	National Institute for Clinical Excellence
NIPNET	Nordic Interprofessional Network
NIVEL	Netherlands Institute of Primary Health Care
NSF	National Service Framework
OECD	Organisation for Economic Cooperation and Development
PAHO	Pan-American Health Organisation
PALS	Patient Advocacy and Liaison Services
PBL	Problem/Patient-Based Learning
PCG	Primary Care Group
PCS	Paediatric Cardiac Surgery
PCT	Primary Care Trust
PEST	Political, Economic, Social, Technological
POS	Compulsory Insurance Plan (Colombia)
PIU	Performance and Innovation Unit
PMS	Primary Medical Services
RCGP	Royal College of General Practitioners
RSM	Royal Society of Medicine
SARS	Severe Acute Respiratory Syndrome
SRSAG	Supra-Regional Service Advisory Group
SSD	Social Services Department
STAKES	National Institute of Research and Development (Finland)
SUS	Unified Health System (Brazil)
SWAP	Sector-Wide Approach
TUFH	Towards Unity For Health
UBHT	United Bristol Hospitals Trust
UK	United Kingdom

UNESCO   United Nations Educational, Scientific and Cultural Organisation
UNICEF   United Nations Children's Fund
UNI-SOL   Universities in Solidarity for the Health of the Disadvantaged
USA   United States of America
USAID   United States of America International Aid
WFME   World Federation of Medical Education
WHO   World Health Organization
WONCA   World Organisation of National Colleges and Academies (of General
            Practice)

PAUL GORMAN
In memoriam

Section I
Policy into Practice

In this section we identify the ideas which are influential in shaping collaborative health and social care approaches internationally, and examine models for interprofessional learning and development in the UK.

Geoffrey Meads and John Ashcroft

1 Introduction

Beginnings

This is a book for self-conscious beginners. It is principally for those in the early stages of their careers as health and social care professionals learning to collaborate. It is also for managers and teachers, to guide them in commissioning and providing programmes to promote collaboration.

Being a professional today means becoming interprofessional. It is a policy imperative, demanding behavioural change and sometimes transformation.

This is our starting point: a comprehensive range of new professional career paths matched by modernising strategies for more collaborative relationships. Clinical governance, public health improvement programmes, integrated and intermediate care regimes are all illustrations of such strategies. Each of these is now the subject of articulate and well argued central policies in many countries. But policies alone cannot ensure behavioural change, which begins not so much with collective target groups and government performance priorities as with positive personal understanding, motivation and commitment. Strategies can explain how to progress. They may answer questions about whom, when and where, but they do not, by definition, address questions about why and what for? These are the first order questions, which this book endeavours to answer as it makes the case for collaboration.

Converting collaborative policies into action should begin, for each professional, by re-examining personal principle and self interest. It has to be the right thing to do and it has to be done correctly. This is still the essence of what it means to be a professional: being both ethical and expert[1]. Collaboration starts from these two criteria and works to strengthen both. Interprofessional learning and development needs to add value, in both the moral and economic senses of the term.

Accordingly, this book is designed to serve as a primer on policies which depend upon collaboration for their effective delivery in practice. It begins with the assumption that such collaboration knows no boundaries. Its perspectives and data sources are deliberately international, recognising that with globalisation all

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[1] Indeed many students of professions argue that the increased complexity of technocratic health care combined with resource constraints and consumer-style demand mean that health and social care professionals must demonstrate they are actually becoming more expert and more ethical to retain public credibility and confidence. See e.g. Southon and Braithwaite (1998) and Harrison (1999).