SCIROCCO tool to support delivery of integrated care in Europe

Theme 5 Implementing integrated care

Key words

Integrated care, good practice, maturity, scaling-up, transferability

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Reason for your project

There is a lack of tools that can help us to support the implementation, scalability and transferability of integrated care solutions in Europe. The challenge remains how to best leverage the existing body of evidence and make it more readily accessible to potential adopters to enable faster adaptation and implementation of good practices in integrated care across Europe.

Research question

The SCIROCCO project aims to address this challenge by providing a validated and tested tool that facilitates successful scaling up and knowledge transfer in integrated care in Europe. Currently, over 20 regions in Europe are actively engaged in testing of the SCIROCCO tool.

Targeted population and stakeholders

A wide spectrum of stakeholders is being targeted to use the SCIROCCO tool: national and regional decision-makers, service delivery organisations, healthcare professionals, industry and academia.

Research method

The SCIROCCO tool was derived from an observational study, based on interviews with 12 European regions over 18 months in 2014-2015. The outcomes of the study served as the baseline for the development of the conceptual Maturity Model (MM), including its dimensions, performance indicators and rating scale. SCIROCCO builds on these achievements and further tests the MM in the real-life settings over 2016-2018.



Highlights

The SCIROCCO project provides a tool for European regions to assess their maturity in the provision of integrated care, including identification of strengths, gaps and areas for improvement. It is intended to stimulate discussion, to encourage regions to share their experience of the journey, and to reach out to other regions who may be able to accelerate their journey towards integrated care systems to meet future demands and expectations.

The current experience of regions and organisations involved in the testing of the SCIROCCO tool shows that the process and methodology for applying the tool in a selfassessment process is transferable across different healthcare settings and geographical scope. All stakeholders have open and free access to the tool thereby encouraging its use and outcomes. Feasibility of the tool is very



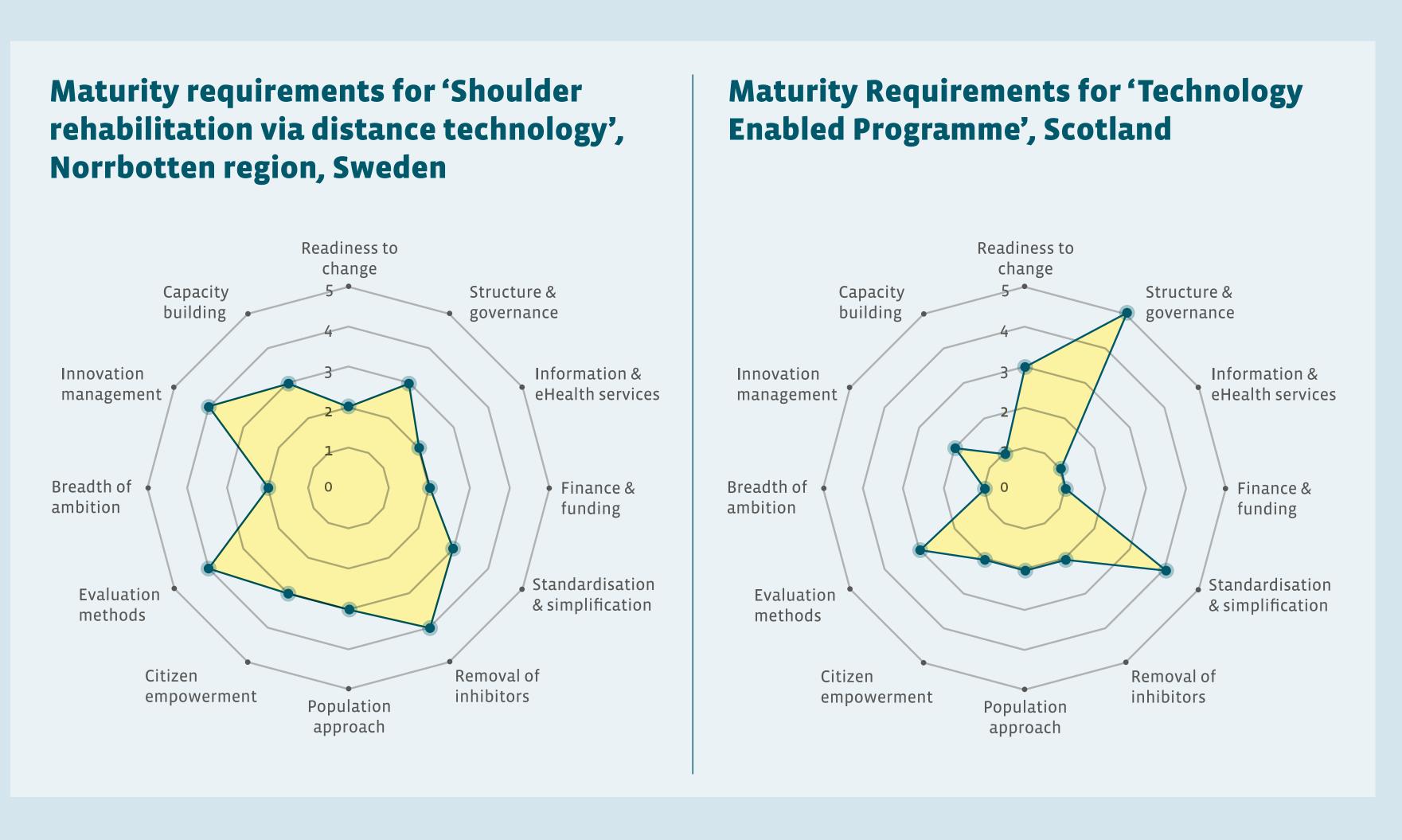
much influenced by number of the users and application of the tool in practice.

Conclusions

The SCIROCCO tool has proven to be a useful tool to facilitate knowledge transfer and the flow of information from transferring to adopting regions, thus accelerating the process of scaling-up and transferability of integrated care solutions in Europe.

Discussion

More tools are needed that can help us to understand how to move towards more sustainable health and care systems, and how to support implementation, scalability and transferability of integrated care solutions in Europe. The regions and organisations





responsible for the delivery of integrated care lack clear guidance on how to implement integrated care solutions in Europe.

Lessons learned

The experience of regions and organisations testing the SCIROCCO tool demonstrate the clear benefits and added value of the tool in guiding participating stakeholders towards the implementation of integrated care in Europe. As the tool serves as a self-assessment tool, the outcomes of the process are often influenced by the different backgrounds and expertise of the stakeholders. However, this feature has proven to be very useful in stimulating multi-stakeholder discussions on future directions in integrated care.

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