



FOCUS GROUPS

Results and conclusions

TO CAPTURE THE EXPERIENCE OF THE REGIONS IN
THE MATURITY ASSESSMENT PROCESS

WP3 EVALUATION



OVERVIEW OF KEY QUESTIONS AND PROMPTS FOR USE IN THE SCIROCCO EXCHANGE FOCUS GROUPS¹

Experience with self-assessment process

The following questions are about your experience of using the SCIROCCO tool to assess the maturity requirements of your health and social care system for integrated care.

Key question: What is your experience with the SCIROCCO tool² as a key facilitator of the self-assessment process? (Describe the experience briefly.)

Questions to facilitate the discussion:

- How did you use the Tool (with whom? in a group or on your own? type of practice/site?)
- What kind of stakeholders (if any) have participated in the self-assessment process? [Process domain: Engaging]
- As a participant in the self-assessment process, have you consulted other stakeholders regarding the process? Or have you discussed the results of the self-assessment with other stakeholders? [Process domain: Engaging]
- What do you think of the self-assessment process? Is there anything about it that can be improved? [Intervention characteristics domain: Evidence strength and quality]

Insights and outcomes of the self-assessment process

The following questions are about the results of the self-assessment process regarding the maturity of your health and social care system.

Key question: Can you tell us about any specific insights (outcomes) of self-assessment process for your health and social care system? / Does the self-assessment reflect the current situation/maturity in your health and care system for integrated care?

Questions to facilitate the discussion:

- After the self-assessment, have you received/learned any new information or evidence on the maturity of your region's health and care systems for integrated care? [Intervention characteristics domain: Evidence strength and quality]
- What kinds of actions do you think your region will need to take to increase its maturity to adopt and scale-up integrated care? [Intervention characteristics domain: Adaptability]

¹ NOTES: This set of key questions and their accompanying prompts – described as “further in-depth questions” – forms a basic template for posing session-appropriate questions at the upcoming series of SCIROCCO Exchange focus groups.

² The SCIROCCO tool is embedded in the SCIROCCO Exchange Hub

- Are there any dimensions of the SCIROCCO tool where your health and social care system is sufficiently mature that there is no longer needs to take further action on the issue? you reached enough maturity which don't require any further actions? [Intervention characteristics domain: Adaptability]
- For what sort of decision(s) do you think the self-assessment process provides useful support? (e.g. to present sound reasons to policy-makers or programme managers, to facilitate discussions among different stakeholders, etc.)

Potential factors influencing the self-assessment process

The following questions are about the particularities of your health and social care system in terms of structural characteristics, culture and leadership with regard to integrated care in your region.

Structural characteristics

- How does the structure of your system (social architecture, age, maturity, size, or physical layout) affect the implementation of integrated care? [Inner setting domain: Structural characteristics]
- What kinds of structural changes will need to be made to enhance integrated care in your system? [Inner setting domain: Structural characteristics]

Culture

- How does the culture of your system (general beliefs, values, assumptions that people embrace) affect the implementation of integrated care? [Inner setting domain: culture]

Leadership

- What level of endorsement, support and/or actions can you expect from leaders in your organisation to adopt integrated care successfully? [Inner setting domain: Leadership engagement]
- Are there any other factors that may influence the implementation of integrated care in your organisation/region and/or your country?

MATRIX FOR THE ANALYSIS OF SCIROCCO EXCHANGE FOCUS GROUPS

COUNTRY/ REGION	Background (Date and duration)	Attendees (Number and profile of the attendees)	Experience with self-assessment process	Insights and outcomes of the self- assessment process	Potential factors influencing the self- assessment process
Basque Country	18 th October 2019. Duration: 30 min.	9 professionals from the healthcare system	<ul style="list-style-type: none"> - Language difficulties. - Questions and answers difficulties (too many information per question). - Most of dimensions are rated between 3 and 4. - The consensus meeting and the final results are very positive. - The final result in some cases is correct but in others is not completely real. - SCIROCCO tool facilitates the reflection on integrated care. - Individual assessments followed by a consensus meeting where professionals can discuss their vision is the most positive aspect of the tool. 	<ul style="list-style-type: none"> - The final matrix reflects the system situation, mainly the improvements made so far. - Even though it's a subjective tool, it allows comparison between different systems. - "In terms of maturity, there is always something missing. We need to focus on inhibitors". - The self-assessment provides useful information and, according to this evaluation, the work must be focused on the dimensions with the lowest scores in order to develop specific actions or programmes to improve them. - The conclusion extracted from the self-assessment must be shared with the whole department, the general director, the municipality... at coordination and policy levels. 	<ul style="list-style-type: none"> - "On the one hand, being a public healthcare system is an advantage in terms of integrated care. On the other hand, having at hospital level a rigid structure (organised by teams of specialists) makes the change and adaptation towards integrated care more difficult". - "Structural changes are needed in order to reach integrated care (for instance, the integration of medium and long stay hospital)". - "The culture of the system affects integrated care in both positive and negative ways".
Flanders	16 th January 2020	12 attendees care and health sector	<ul style="list-style-type: none"> - Good but consensus is required. - 12 responding organisations: Some performed the assessment on their own, others with the team or the different disciplines represented in the organisation. - The outcomes were discussed in the Consensus Group and the Consensus outcome was presented and discussed for further improvement in Flanders with the Flemish researchers and other project partners on integrated care. 	<ul style="list-style-type: none"> - Still a lot to do, but the assessment unfolds blind spots. - Further implementation and support at the local level; focus on communication, participation and cooperation. - No matter how many tools and regulations are available, people need to own the concept of person-centred care. - The tool is more adapted for the regional policy makers than it is for the use by local health and care providers. - It does stimulate the discussion. 	<ul style="list-style-type: none"> - The state structure and the division of health and care competences between regional and federal level complicate full and fast implementation. - Cure orientation is still strong. - All actors, at all levels will have to be and are committed to work on IC. - Lot of expectations towards the new Institute of Primary Care VIVEL.

			<ul style="list-style-type: none"> - The web-tool is not easy to be used for everyone (support there is needed). - Need to give an introductory video in Dutch. - Impression that people did not like to use the tool but the comments about the opportunities that the tool offers were very good. 		
Germany	27 th January 2020 Duration: 3,5 hours (self-assessment + consensus + FG)	9 attendees (health managers, GPs, pharmacists, physiotherapist, nutritionist, manager health insurance) members of GWMK	<ul style="list-style-type: none"> - The tool was used to get insight into the regional health care system. - Attendees filled out the questionnaire in the workshop. - The discussion in the workshop itself was fruitful though the main issues were known beforehand: missing digital infrastructure and persisting financial incentive schemes that hinder cooperation. - Results were used to update the strategy of GWMK. - Content needs to be in German; E.g. Webpage menu not translated = resistance, unwillingness to use tool. - The tool must be available in non-digital form to facilitate the discussions in person (preference for paper version). 	<ul style="list-style-type: none"> - The assessment reflects the observable situation and anecdotal evidence. - Q3 on digitalization scores too high. If the question is asking for one standardized region wide hard-/software platform that integrates the digital information flow between different professions and health care areas then the answer is: no, this platform does not exist. - GWMK has very limited influence on the main problems: digital infrastructure and the national financing system. - Political support or financing mechanisms beyond model projects are limited. - GWMK will focus its efforts on patient empowerment and process coordination between ambulatory and hospital professionals. - Ideally, in a future assessment we will have raise the maturity of integrated care. 	<ul style="list-style-type: none"> - GWMK is in early stages of development of integrated care and must coordinate with independent and sceptical service providers. - Structural changes at national level: better internet connection on the country site by politically forcing provider to cooperate, and new payment system to incentive hospitals not to increase volumes. - Structural changes at regional level: facilitation of interdisciplinary communication through digital solutions and regular face-to-face meeting opportunities, and improved social & health information flow into the communities by means of health guides. - When it comes to data sharing Germans are very reluctant and assume the worst.
Lithuania	4 th December 2019 Duration: 1h 30 min	10 representatives from Primary Health Care Centres, Medical Doctors specialists, Ministry of	<ul style="list-style-type: none"> - The tool was defined as valuable and positively evaluated. - The tool presents complex terms, and support and explanations were provided during the self-assessment. - Difficulties distinguishing the answers correctly. 	<ul style="list-style-type: none"> - The self-assessment process presents a clear picture of health and care systems for integrated care. - There is not a single dimension that could be recognised as has been reached enough maturity. - A lack of clear constructive communication and dissemination of knowledge between 	<ul style="list-style-type: none"> - Due all these factors, changes are being implemented slowly: - There are two separate systems: Health Care system and Social Care system. Better intersectional cooperation is needed. - Big difference in rural and urban area.

		Health and patients	<ul style="list-style-type: none"> - A better translation considering the context was suggested. - The results of the self-assessment process before the consensus-building workshop and after vary quite strongly. - The self-assessment process helps to evaluate the situation and present rationales to policy makers or programme managers. - The self-assessment process facilitates discussion among different levels of stakeholder groups. These discussions help to align theoretical integrated care implementation process with current practice. 	<ul style="list-style-type: none"> all the 4 groups of stakeholders (government; specialists; PHCC; patients) was highlighted as a problem for the effective implementation of integrated care. - Consistent and sustainable action plans (strategy) and a simpler pathway of information for integrated care on health and care system were underlined as needed. 	<ul style="list-style-type: none"> - Many solutions have not yet been implemented, especially for coordinated home care. - Not enough funding for integrated care. - Government, Ministry of Health support is mainly based on the legal framework and there is already too much legislation. - Not all employers in PHCC can accept and understand the need for changes, not to mention contributing to change. - Lack of time, especially in primary health care.
Puglia	6 FG in different locations (Brindisi, Andria, Bari, Taranto, Foggia, Lecce)	5 to 7 attendees per FG from different background (medical director, IT specialist, nursing supervisor and citizen representative)	<ul style="list-style-type: none"> - Very positive experience with the tool as a key facilitator of the self-assessment process. - Tool supports both creative and critical thinking about the integrated care. - Tool as a very powerful instrument to synthesize different visions. - The added value of the tool lies in its strategic decisions support. - There is room for improvement in every dimension. - Better description of the tool dimensions and scores. - Complete translation of the tool tabs. - Implementation of a FAQ system. 	<ul style="list-style-type: none"> - The result of the survey was compliant with the Health Authority's current situation. - Participants agreed that they have learned something thanks to the self-assessment process. - Dialog among different stakeholders was the most appreciated factor. - The assessment with the tool is very important to analyse data and translate them in corrective action in a faster way. 	<ul style="list-style-type: none"> - Structural characteristics affects the implementation of integrated care (e.g. population ageing, lack of e-health services). - Information, training and a better staff involvement as relevant factors to improve the maturity of the context. - Importance of working on the resistance to change and sense of belonging. - A stronger leadership engagement is needed" "Leaders have to aim at a technological and Human resources improvement". - "Citizens involvement can help the growth". - Importance of implementing a process of mandatory monitoring of integrated care.
Scotland	14 th January 2020	17 attendees: 4 from the Integration Joint Boards, 7 from Joint Management	<ul style="list-style-type: none"> -The Tool was reasonably easy to use. -The web app could be significantly improved. -Some found the Tool confusing at times and thought that not all answers appear to be a progression one to the other. 	<ul style="list-style-type: none"> - Majority of participants agreed that the self-assessment reflected the current situation/maturity in their health and care system for integrated care. - It was summarised that the point of the tool is not to provide an objective 	<ul style="list-style-type: none"> - The development of integrated care is at an early stage. - The factors mostly affecting the assessment process was the size of local Health and Social Care Partnership and culture within the team.

		<p>team, and 6 representatives from Strategic Planning Group</p>	<ul style="list-style-type: none"> -Difficulty of interpretation of some of the dimensions, depending upon the role within the health and social care system. -Some questions felt woolly and not hierarchical making answering difficult. -Some parts of the Tool felt we had more local control over than others which might be more to do with national policy. -The consensus generated quite a bit of critical discussion but was a good conversation starter and a useful process to prompt. -The consensus was beneficial as it allowed them to iron out some of the differences and allowed them to reach a consensus. 	<p>representation of where we are, it is an aid to thinking about ourselves and what we might need to work on in the future and prompt fruitful discussion.</p> <ul style="list-style-type: none"> - Importance of hearing from the uninterested people (people who are not involved in the day-to-day management). - Further integration and connection of technology as an enabler of close and transformative working. - Working together across organisational boundaries to progress complex issues and co-ordination of plans in relation to specific areas. 	<ul style="list-style-type: none"> - Crucial factors locally are: a pretty flat management structure, co-located management team with good relations, easy access to senior decision makers, an emphasis on innovation or doing things differently that is embraced across all professional groups. - The emerging theme seemed to be the need for co-ordinated change management and there is still an issue with interacting with secondary healthcare. - Regarding culture: "It was felt that Midlothian has a culture that supports innovation and testing change and people are generally committed and positive to make integrated care work". - It was felt that there was already good support although clearly funding is constrained. - Technology issues influence the implementation of integrated care and seems to be the biggest challenge at the moment.
Slovakia	<p>26th March 2020 Online meeting Duration: 2.5 hrs</p>	<p>3 attendees from different backgrounds (social care, health care, municipality - Kosice self-Governing region)</p>	<ul style="list-style-type: none"> - SCIROCCO Tool is very useful in identification of the main challenges related to health and social care integrating process. - In terms of the total quality management, the tool represents one of the important parts of the PDCA cycle. - SCIROCCO Tool helps to facilitate interdisciplinary discussion. - The use of Tool is one of the key steps for further continuous assessment of achieved improvements with regards to integrated care. - There were some difficulties in distinguishing the scoring level, e.g. in dimension no. 3 "Need is accepted", it is 	<ul style="list-style-type: none"> - The final consensus was based on an open and sensitive communication between stakeholders. - The overall dimension score was very poor. - There hasn't been recognised one single dimension that could be identified as having reached an appropriate maturity level. 	<ul style="list-style-type: none"> - Structural characteristics such as high average age of social care professionals and health care professionals may have negative effect on the integration process of health and social care. - In general, there is low level of awareness of the need for integrated care in different population groups; Consequently, people do not put pressure on the competent authorities. - Problems with funding and lack of political will of previous governments has been identified; however, there is an expectation for some positive change at national governance level - One of the key problems is lack of communication and coordination between The Ministry of Health and The Ministry of Labour,

			<p>not clear by whom (accepted by health/social care professionals or by governmental authorities?)</p> <ul style="list-style-type: none"> - More detailed definition of terms would help to answer more precisely. - More detailed description of dimensions is required as some of them are described less clearly, e.g. dimension no. 10 “horizontal vs. vertical integration”. - “Cultural bias” may appear, e.g. dimension no. 7 - Population approach - the reason is that there is no screening tool for identification of high-risk population groups in Slovakia; Consequently, stakeholders were not sure of the content of this domain. 		<p>Social Affairs and Family. – New elected governmental authorities are aware of the lack of integration between health and social system or underdeveloped long-term care.</p> <ul style="list-style-type: none"> - No efficient policy, or systematic actions were taken in the past. - Goal setting, results orientation and identification of further systematic actions needs to be taken. <p>An expert working group that would be able to advise/propose measures for integration process at the regional level and/or municipality level in needed.</p> <p>The need for integrated care is accepted only in terms of individual values.</p> <p>Feasible vision or any planning is still lacking.</p> <p>The problem may be excessive conservatism bias and resistance to change; In general, this is our “national phenomenon “.</p> <p>Change is usually driven only by bottom-up initiatives and non-governmental organizations.</p> <p>Managers ignore/are not able to understand the complexity of patients’ needs.</p> <ul style="list-style-type: none"> - They don’t have power of long-term thinking or abilities to take a broad and comprehensive view of the problem. - Only very few institutions can be considered as examples of good practice as they are able to inter-link services and act in line with the best interests of their clients.
Slovenia	27th November 2019	8 attendees from different backgrounds (social care, health care,	<ul style="list-style-type: none"> - SCIROCCO tool targets the main challenge of implementation of integrated care (helpful when planning further actions). - SCIROCCO tool represents easy way of data analysis (spider diagram). 	<ul style="list-style-type: none"> - Insight into readiness of the region at more specific areas. - Information and data gained from the local stakeholders are helpful to make a step 	<ul style="list-style-type: none"> - Some stakeholders pointed out that most of changes and actions depend on political will and attitudes of national authorities. - Authorities at the national level are fully aware of the problems in the field of long-term care,

		municipality, associations)	<ul style="list-style-type: none"> - Insight into and comparison of the results. - Focus group was an opportunity to discuss and build a cooperation. - Complex terminology of the Tool. - Translation of all parts of assessment tool. 	<ul style="list-style-type: none"> Further in developing and implementing integrated care. - There is no dimension that would show enough maturity for integrated care in the region. At every dimension improvement is needed. 	but they do not take any systematic action to solve the current situation.
Poland	Individual interviews	93 respondents from 39 healthcare centres at the primary level	<ul style="list-style-type: none"> - The language of the tool is too formal and hard to understand for some respondents - Most respondents needed further explanation of questions. - Most of dimensions were rated 3 what implicates that the answers didn't reveal the real situation. 	<ul style="list-style-type: none"> - The final consensus reflects the situation at the beginning of the pilot of integrated care implementation in primary healthcare centres. The second assessment is crucial for measuring any progress of implementation of integrated care in Poland. However, it gives the stakeholders an overview in which dimension the changes and improvements are necessary. -The self-assessment provides useful information and all further the work must be focused on the dimensions with the lowest scores in order to develop specific actions or programmes to improve them. 	<ul style="list-style-type: none"> - The development of integrated is at an early stage. The scores around 3 do not reflect the real situation in the given dimension-some respondents seem to overstate their score. - On the other hand, the primary health centres chosen for the assessment do not represent the situation of the whole sector of healthcare in Poland. They 've been selected as those which can handle the new solutions of pilot programme of integrated care and are potentially advanced in digitalization.