

Volume 14, 01 October 2014

Publisher: Igitur publishing

URL: <http://www.ijic.org>

Cite this as: Int J Integr Care 2014; Annual Conf Suppl; [URN:NBN:NL:UI:10-1-116157](https://nbn-resolving.org/urn:nbn:nl:ui:10-1-116157)

Copyright: 

---

Conference Abstract

## Implementing case management in the British NHS: A ten-year journey from Castlefields

*Dr. David Cochrane, Director Conrane Consulting Ltd, United Kingdom*

Correspondence to: **Dr. David Cochrane**, Director Conrane Consulting Ltd, Phone: +44 2072812814, E-mail: [david@conrane.com](mailto:david@conrane.com)

---

### Abstract

In 1999, Conrane Consulting in collaboration with a US managed care company and a large GP practice in the North West implemented the first UK pilot in holistic, anticipatory, case management of older people with complex needs and co-morbidities. The senior GP partner at the practice Castlefields in Runcorn was then Dr David Colin-Thome later to become Director of Primary Care for the Department of Health in the UK. The practice pilot was a success in both qualitative and economic terms and was extended to end of life care and mental health with equally successful results. Over the next 10 year Conrane went on to roll-out this programme in multiple NHS localities placing over 100 case managers into the practice. This included one the largest projects in the UK in Surrey and Sussex and NW London, designed and implemented with Imperial College. The outcomes delivered at Castlefields were replicated in some of these new localities but not all. In this paper the Director of these implementation programmes, Dr David Cochrane will explore the essential learning and distill the key success factors which differentiate the successful from the less successful programmes. This will be supported by more recent evidence emerging from the US Medicare/Medicaid programmes including the Johns Hopkins Guided Care model whose prescriptions for a best practice are convergent with those of the Conrane programmes. Key areas of interest are locality structures, mechanisms for social and health care collaboration, individualised care planning, the central role of the patient and carers, pro-active versus re-active staff skills and competences, the role of informatics, how to secure full GP participation through primary-care co-location and the scope for return on investment in a cost-constrained system.

### Keywords

care coordination, ageing, integrated care, best practices, UK, NHS

---

### Powerpoint presentation:

<http://www.integratedcarefoundation.org/content/integrated-care-practice-case-management>

---