Summary of the evaluation of Dudley Quality Outcomes for Health

ICF, The Strategy Unit and University of Birmingham were commissioned by Dudley CCG to evaluate the 'Dudley Quality Outcomes for Health' (otherwise known as the Long Term Conditions framework, LTCF). The evaluation was mixed-methods, drawing on interviews, observations, an online survey, a review of care plans and an analysis of programme data. This is a summary of the findings. The full report is available from Kelly Singh (kelly.singh@icf.com).

General views

Staff **praised the CCG for its collaborative approach** to developing the framework, and for providing practical support for implementation, including training sessions.

Additional and ongoing training needs were reported. In particular: 1) help with practical implementation e.g. changing recall processes, running searches to identify patients with multiple long term conditions (LTCs) and 2) opportunities for staff to improve their knowledge and skills across the range of LTCs covered.

The LTCF template

Views about the **new template supporting the framework were mainly positive** although some reported teething problems with its use.

Thoughts on **whether it is easier to use and more efficient in comparison to the Quality and Outcomes Framework (QOF) were mixed**. This may be as QOF was more familiar; time will tell if the new framework is time and cost saving.

Multi-morbidity approach

Some practices have retained existing clinic structures; **others have made more significant changes to their organisation of appointments** – e.g. increasing appointment times for LTC reviews and having two step appointments.

The move towards streamlining reviews has affected practice staff. **Clinicians need to feel comfortable conducting integrated, multi-condition, holistic reviews** but some reported a **lack of confidence and skills** to do so. The impacts of these changes on staff satisfaction are mixed.

Care planning

Wide variation in care planning practices was observed. Some consultations were collaborative and enabling for patients, others were 'template-driven' with patient involvement largely limited to answering questions with no focus on goals or care planning.

Aside from the type of questions being asked of them, generally patients hadn't noticed a change in their reviews. **Many staff supported an integrated approach to care but some questioned if it is appropriate for, and needed by, all patients.**

Improving care planning

Having sufficient time, skills and confidence, preparing patients for a more collaborative conversation and **ensuring access to a co-ordinated set of services** linked to general practice are important factors for improving care planning.

Our findings suggest that the **current care plan template should be reworked** to enable effective care planning and prompt and document action planning.

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Outcomes

Early reported outcomes included: **upskilling** of practice staff; a stronger **focus on care planning** and supporting self-management; **moves towards a more holistic model of care**; and more joint **working across the primary/secondary care** interface.

One practice reported evidence of **improved clinical outcomes**, and another of a **downward trend in admission rates** to accident and emergency.

Most felt there is still **some way to go for process changes to translate into direct improvements** for patients.

Variation

There was **high variation in performance and use** of the template. The utilisation rate for the template ranged from 0% in one practice to over 75% in others.

The poorest performing practice **achieved significantly below average on 70% of LTCF indicators**. The best performing practice **achieved significantly above average on nearly 60% of the indicators.**

We found **no consistent difference** in performance between the phase one pilot practices (using the LTCF since early 2016) and later practices.

Key factors for success

Effective leadership, **resonance** between the framework and the ethos of care in the practice and **an understanding of the core goals** of the framework are key factors influencing successful implementation at practice level.

Implications

A number of implications emerged from the evaluation including:

1. Developing a **strong narrative emphasising all desired outcomes** for the framework to ensure the end goals are understood. This includes a stronger focus on how the framework will act to change the model of care to one based on care planning, patient-centred goal setting and increased self-management.

2. Establishing a **programme of training and development** to support implementation in response to feedback– including training on a multi-morbidity approach, care planning and information on wider services

3. **Using the variation revealed by the research** to guide the next steps of implementation. Practices which are leading the way can be used as a source of inspiration and advice for those needing support. This should form the core of the CCG's work in supporting on-going collaboration and shared learning.

4. Working with practices to **co-produce solutions to issues,** including understanding the workforce challenges related to a more holistic approach and preparing patients for care planning.

5. Maximising opportunities presented by the MCP to strengthen the delivery of LTC care. This could include p**roviding collective support to primary care** in managing complex co-morbidities, **joint commissioning** of voluntary sector support services and **locality based solutions** to workforce challenges.

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