

Primary care-led models of integrated care: what is the evidence for sustainable change?

The Strategy Unit.

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Background, Method and Aim

A realist synthesis of the underpinning evidence for the multispecialty community provider (MCP) was previously undertaken by this unique NHS and academic team (Turner et al, 2018). Using logic models and value propositions from the 'vanguard' MCPs we tested the programme theory components against the evidence-base.

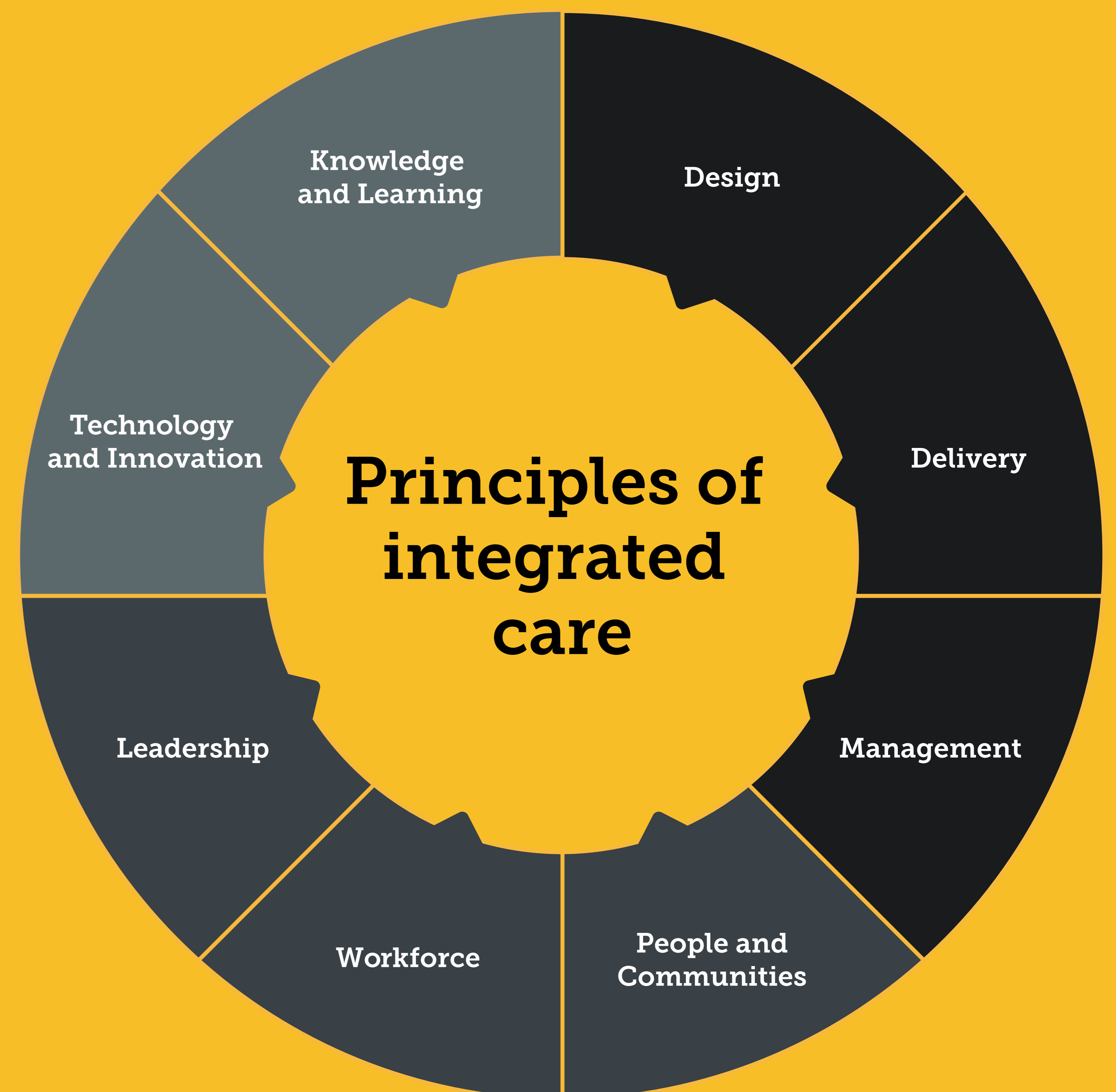
Now we translate those findings to provide decision makers and practitioners working within primary care led, community based models of care with a set of evidence-derived 'actionable' principles of integrated care.

Findings and Next Steps

Integrated care models are complex adaptive systems and as such outcomes are influenced by how individuals, services, groups and organisations connect to work together effectively and learn continuously.

We identified a number of components of integrated care that are supported by the evidence to promote an effective healthcare system. Although these have been derived from a programme theory relating to the MCP model they offer transferable insights to population health-based models of care in general, and we subsequently refer to them as eight 'principles of integrated care'.

We are currently testing the applicability of these principles in relevant Strategy Unit projects.



Principles	What	How	Why
Design	A clear vision and case for change Shared responsibility for achieving the outcomes agreed Change initiated by a needs assessment	Shared ownership and shared goals at all levels Linking success or failure of individual organisations Model which addresses wider determinants of health	Building capability for system design will provide the opportunity for innovation and motivate accountable behaviour from the outset
Delivery	Support of a dedicated change management team Focus on delivering incremental change	Culture of stewardship with credibility, spread and sustainability of MCP Continuous learning and development	Providing opportunity for staff to enhance their capability beyond technical skills to include change management, within strong relationships which will motivate co-ownership behaviour.
Management	Relationship building and collaborative behaviours Co-produce meaningful outcomes & align data collection Shared accountability across all stakeholders Shared governance structures and standards	Alignment of micro, meso and macro objectives Shared accountability with intrinsic motivation "Permission" to innovate Focus on value rather than activity	Opportunities for involvement will enhance capability for effective communication facilitating a supportive culture to motivate staff to adopt positive behaviours with new ways of working
People and Communities	Mutually reinforcing relationships across partners Interpersonal skills training for staff Relevant and targeted social prescribing and self-care Use of appropriate and inclusive language	Health literacy to enable ownership of personal health Motivation to get involved in change Confidence and trust to engage in shared decision making Mutual trust and respect are enablers	Improved capability of health literacy through opportunities to engage will motivate individuals and communities to place more emphasis on behaviours of self-care and prevention.
Workforce	Training to support multidisciplinary working Clear roles and responsibilities for new ways of working New roles make use of individuals prior experience Protected time and facilitation for quality improvement Values-based recruitment	Improved understanding of role within new model Credibility, legitimacy and sustainability of new roles Develop adaptive skills for implementation and evaluation Focus on team dynamics Shared values and sense of belonging	Capability for audit, feedback and quality improvement together with opportunities to share knowledge and experience will motivate staff to behave more collaboratively to deliver more coordinated care
Leadership	Collaborative/system leadership approach Organisational development planned and delivered	Teams empowered to improve and innovate	The opportunity for team working linked to improved capability for innovations will motivate joint decision making and allow leadership behaviours to emerge
Technology and Innovation	Compatible information systems and patient portals Predictive and real time analytics to make use of Big Data	Knowledge sharing between teams, generalists/specialists Information readily available to support decision making	Increased technical capability and the opportunity to share information will motivate staff to improve care through behaviours which promote a clearer understanding of patients' needs
Knowledge and Learning	Legal and ethical implications of data sharing considered Data sharing agreements and protocols Rapid cycle evaluation in place prior to implementation Access to performance data, feedback and benchmarking	Teams audit own performance and agree improvements Sustainability of interventions and relationships All partners held to account and performance issues managed early Reflective and adaptive 'learning' culture	The opportunity for engagement in knowledge sharing with the capability to audit own performance will provide the motivation to foster a reflective and adaptive learning culture resulting in accountable behaviours