National Evaluation of New Models of Primary Care

Summary and Recommendations

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Background

- In 2015, SG established a Primary Care Development Fund which included £30 million to test new models of care through a Primary Care Transformation Fund (PCTF) and the Primary Care Fund for Mental Health (PCFMH).

- ‘Tests of change’ began in every territorial health Board in April 2016, funded until March 2018.

- The Scottish School of Primary Care was commissioned to evaluate the progress of these tests of change funded by the PCTF and PCFMH, plus any other innovative primary care projects identified that had the potential to be transformative

Aims and Objectives

The overall aim was to ‘tell the story of primary care transformation in Scotland’ in terms of the tests of change that were being piloted over the period funded. The specific objectives of the evaluation were to:

- Identify the location and types of tests of change carried out across Scotland and their progress during the funding period (national scoping).

- Using a case study approach, conduct in-depth investigation (deep dives) of what was working well and why, in selected case sites (Health Boards) and across Scotland in two professional groups – Advanced Nurse Practitioners (ANPs) and Musculoskeletal (MSK) Physiotherapy.

- Integrate the findings from the case studies to inform the key overall learning relating to successful implementation.

Approach

We used a ‘hub and spokes’ approach, with the SSPC core team leading the national scoping and coordinating the case studies, which were led by senior academics in five of the SSPC member Universities. These were:

- University of Glasgow (NHS Ayrshire & Arran, NHS Lanarkshire, and MSK Physiotherapy case studies)
- University of the Highlands and Islands (NHS Highland, NHS Eileanan Siar, NHS Orkney and NHS Shetland case studies)
- University of Stirling (ANP Case study)
- University of St Andrews (NHS Tayside case study)

Evaluation

The evaluation involved a two-phase approach:

- exploring the planned and expected impacts of the tests of change (interviews with 155 key informants, and reviewed 661 national and local documents)

- exploring actual or perceived impacts, learning, spread and likely sustainability (a further 191 key informants and reviewed additional documentation relevant to the selected deep dives).

Evaluation

- International literature reviews on primary care transformation, and ANP and MSK Physiotherapy implementation were conducted, and we also reviewed the findings of recent UK reports on new models of primary care.

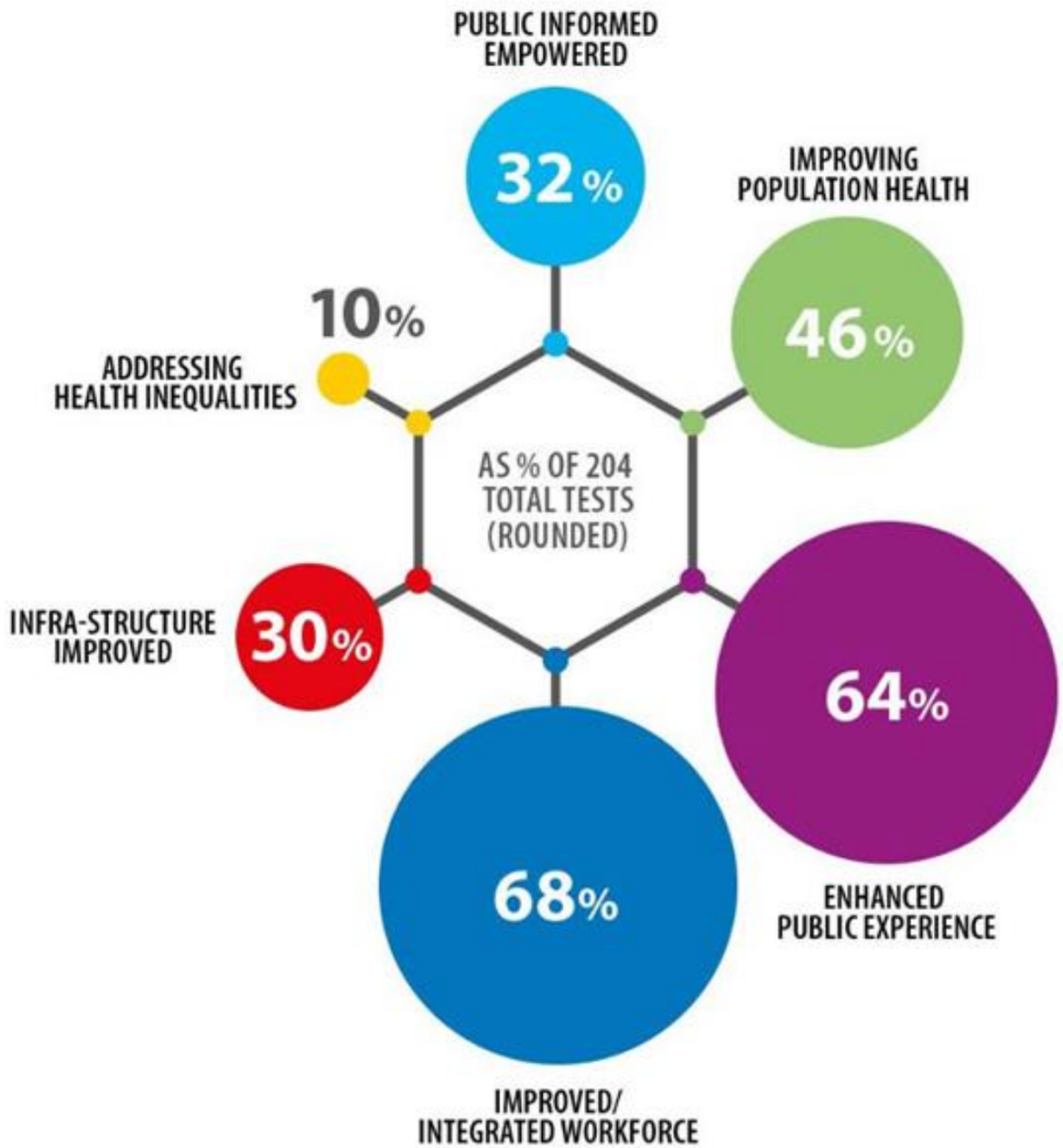
- A quantitative evaluation using routine NHS data was planned as part of the current evaluation, but due to considerable delays in accessing the data, is now being taken forward as a separate study by Professor Bruce Guthrie at the University of Edinburgh, which will report in Spring 2020.

Findings – National Scoping

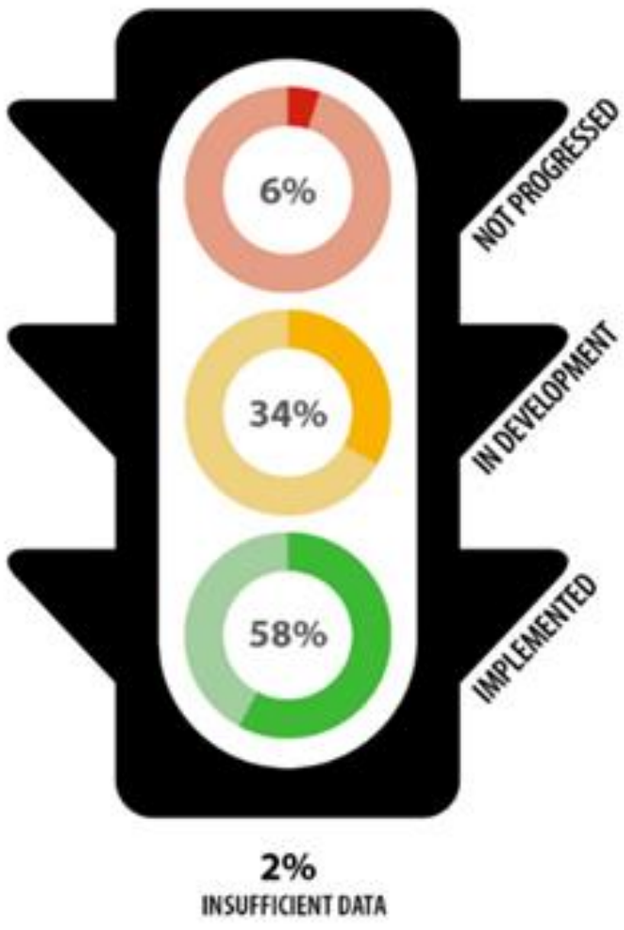
- 204 tests of change in primary care were identified
- 67% spanned a wide range of different types of tests of change
- 18% involved MSK Physiotherapy
- 15% involved ANPs

Most had received PCTF/PCFMH funding, though Health Boards differed in how they used the funds. Some funded a large number of new small projects entirely from these funds, others pooled the funding from various sources to focus on a smaller number of larger, often ongoing projects.

Focus and expected outcomes



Progress of the 204 Tests of Change



- 58% were implemented as planned
- 34% were partly implemented
- 6% did not progress

Progress of the 204 Tests of Change

Around **half** of the tests of change that focused on **only one or two** of the three levels (People, Workforce and System) had been implemented by the end of the funding period, whereas **three-quarters** of tests that focused on **all three levels** had been implemented .

Findings: Deep Dives

Thirty-four tests of change were selected for in-depth investigation.

- Most of the tests of change were not based on a specific ‘theory of change’.

- Almost all respondents regarded a main outcome as being a reduction in GP workload, though few expected this to happen within the life of the funded projects.

- In most cases, successful implementation of the test of change itself was considered the key goal within the funding period.

- There was limited patient or public involvement or consultation in the planning, design, and delivery of tests of change.

Findings:Deep Dives

- Very few of the deep dives had a focus on health inequalities, though there were notable exceptions to this.

- A ubiquitous view was that sustainability depended on future funding.

- Most tests of change were too small to be considered for spread and roll-out, and many felt unsupported in terms of evaluation.

- There was no clear pattern of particular types of tests of change being more successful than other.

- Unintended consequences included a perceived increase in GP workload due to the need for training and clinical supervision of new members of the multidisciplinary team, such as ANPs.

Key Learning – ten themes

- **Short-term funding is a double-edged sword**. The availability of such funding facilitated the tests of change but the short-term nature impacted negatively on forward planning and sustainability and in some cases led to a reluctance to embrace change.

- **Building upon or starting anew?** Tests of change that built on previous work and where pre-existing relationships were functional, were implemented more effectively than those that were entirely new.

- **Top down versus bottom up.** Tests of change that involved front-line staff in the design of new services and had good project leadership were implemented more effectively that those that were ‘imposed’ from above.

- **Forward planning**. Tests of change that had a clear rationale and documentation of the steps taken to develop and implement the project were implemented better, and were more likely to become sustainable in the future.

- **Time to train.** Staff training and clinical and managerial management from within GP practices facilitated implementation, but this was challenging due to current workload pressures on GPs and practices.

- **Leadership and governance**. National leadership was important for new roles and responsibilities (e.g. ANPs), but local governance issues regarding clinical supervision, remuneration, and accommodation were also key.

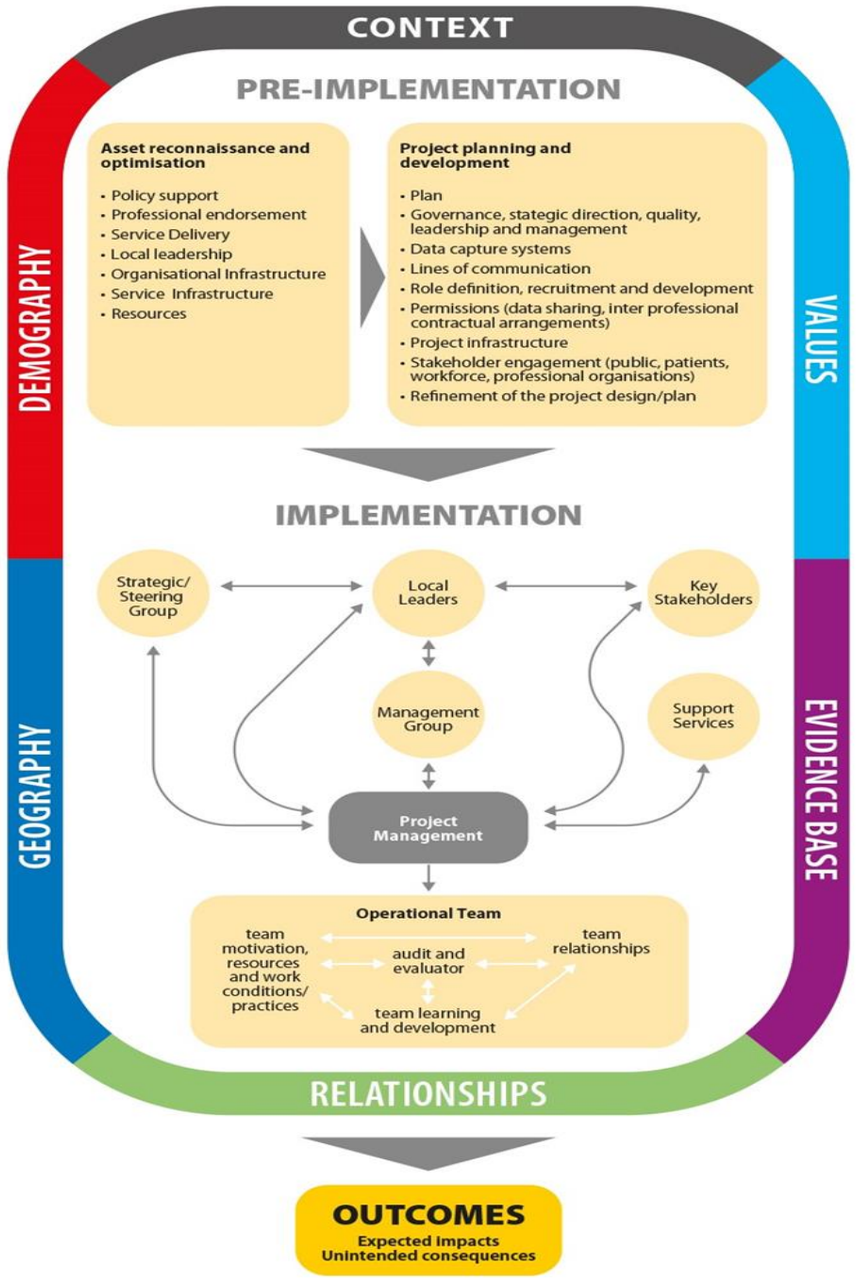
- **System, workforce, people.** Tests of change with perceived early impacts more commonly targeted all three levels: People (patients), Workforce, and System .

- **Data and evaluation.** Those charged with overseeing the implementation and evaluation of the tests of change expressed a need for support in designing evaluations, in identifying outcome measures, and in establishing systems for collecting data.

- **Demonstrating impact.** This was hampered by the short-term nature of the tests of change and the limited support for data collection, extraction and analysis in order to monitor quantifiable impact.

- **Core outcomes.** There is a need to identify a core set of outcome measures and to continue to evaluate primary care transformation journeys over the next five to ten years in order to evaluate their actual impacts, sustainability and spread.

SSPC Implementation Framework


CONTEXT
PRE-IMPLEMENTATION
Asset reconnaissance and optimisation
• Policy support
• Professional endorsement
• Service Delivery
• Local leadership
• Organisational Infrastructure
• Service Infrastructure
• Resources
Project planning and development
• Plan
• Governance, stategic direction, quality, leadership and management
• Data capture systems
• Lines of communication
• Role definition, recruitment and development
• Permissions (data sharing, inter professional contractual arrangements)
• Project infrastructure
• Stakeholder engagement (public, patients, workforce, professional organisations)
• Refinement of the project design/plan
IMPLEMENTATION
Strategic/ Steering Group
Local Leaders
Key Stakeholders
Management Group
Support Services
Project Management
Operational Team
team motivation, resources and work conditions/ practices
audit and evaluator
team relationships
team learning and development
DEMOGRAPHY
VALUES
GEOGRAPHY
EVIDENCE BASE
RELATIONSHIPS
OUTCOMES
Expected Impacts
Unintended consequences

Recommendations

- **Recommendation 1:** Primary care transformation should focus on a smaller number of larger projects, conducted over a longer period of time, with agreed goals and outcomes and sufficient support for robust evaluation.

- **Recommendation 2:** Role clarity, role support, governance, and clear communication channels are required as the primary care landscape becomes more complex. Strengthened support for collaborative leadership and multidisciplinary team working is required at all levels.

- **Recommendation 3:** Patient, carer, and community involvement is essential in the co-design of projects and service developments, rather than ‘information campaigns’ after the changes have been made.

- **Recommendation 4:** Further work is required on how primary care can best address, or mitigate the effects of, health inequalities. This should build on learning from the ‘GPs at the Deep End’, but include vulnerable groups living in less deprived areas.

- **Recommendation 5:** Rural proofing of health services should be considered as a systematic approach to ensure the needs of rural populations are considered in the planning and delivery of health services.

- **Recommendation 6:** The success of primary care transformation requires a step change in workforce planning, capacity, capability and leadership to address workforce and capability challenges across all clinical disciplines.

- **Recommendation 7:** A strategic, integrated approach to the evidence required to guide the ongoing transformation of primary care is required. Monitoring and evaluation should be accompanied by dedicated funding for high priority applied research in primary care in Scotland to fill the many evidence-gaps.

- **Recommendation 8:** Consideration should be given to a large-scale demonstrator digital primary care transformation project with clear co-designed and co-produced outcomes and rigorous evaluation.

What is **rural proofing?**

- What are the **direct or indirect effects** of this policy on rural areas?

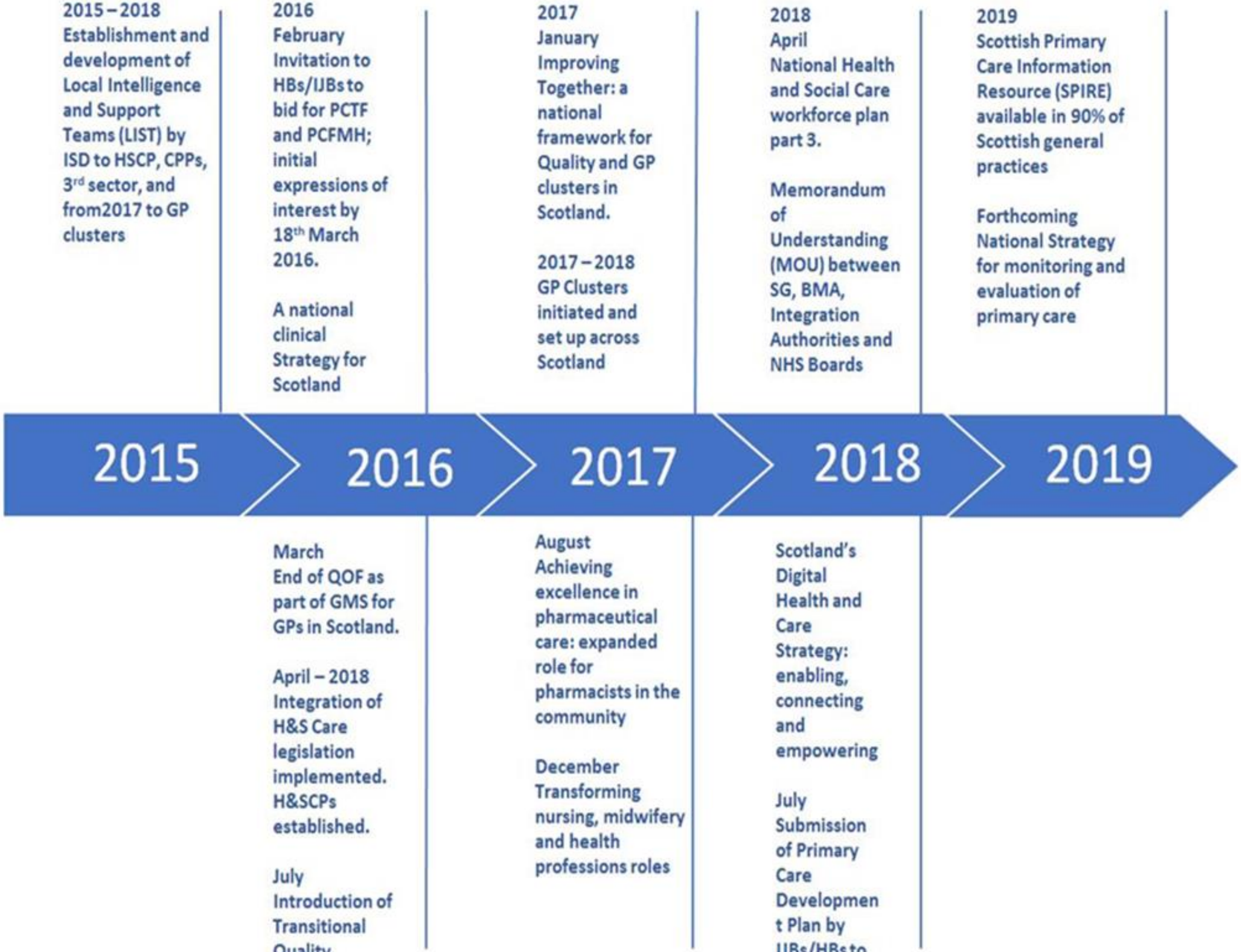
- What is the **scale** of these impacts?

- What actions can you take to **tailor your policy** to rural areas?

- What **effects** has your policy had on rural areas and **how can it be further adapted?**

RCGP UK Rural Forum. *Helping to Rural Proof Health Policy*. RCGP. 2014; Available from: http://www.rcgp.org.uk/-/media/Files/RCGP-Faculties-and-Devolved-Nations/North-England/Cumbria/Rural-Proof-Report.ashx?la=en

Department for Environment Food and Rural Affairs. *Rural Proofing: Practical guide to assess impacts of policies on rural areas*. London. 2017. https://www.gov.uk/government/publications/rural-proofing


2015 – 2018
Establishment and development of Local Intelligence and Support Teams (LIST) by ISD to HSCP, CPPs, 3rd sector, and from2017 to GP clusters
2016
February
Invitation to HBs/IJBs to bid for PCTF and PCFMH; initial expressions of interest by 18th March 2016.
A national clinical Strategy for Scotland
2017
January
Improving Together: a national framework for Quality and GP clusters in Scotland.
2017 – 2018
GP Clusters initiated and set up across Scotland
2018
April
National Health and Social Care workforce plan part 3.
Memorandum of Understanding (MOU) between SG, BMA, Integration Authorities and NHS Boards
2019
Scottish Primary Care Information Resource (SPIRE) available in 90% of Scottish general practices
Forthcoming National Strategy for monitoring and evaluation of primary care
2015
2016
2017
2018
2019
March
End of QOF as part of GMS for GPs in Scotland.
April – 2018
Integration of H&S Care legislation implemented. H&SCPs established.
July
Introduction of Transitional Quality Arrangements.
August
Achieving excellence in pharmaceutical care: expanded role for pharmacists in the community
December
Transforming nursing, midwifery and health professions roles
Scotland's Digital Health and Care Strategy: enabling, connecting and empowering
July
Submission of Primary Care Developmen t Plan by IJBs/HBs to SG

Thank you for listening!

Any Questions?

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