An evidence synthesis of the international knowledge base for new care models to inform and mobilise knowledge for Multispecialty Community Providers (MCPs).

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Review question(s)

What are the foremost theories of change inherent within the MCP model of care?

What seem to be the "active ingredients" which should inform design of MCP models of care?

What are the social and cultural conditions which influence (enabling and blocking) change within MCP models of care and how do these mechanisms operate in different contexts?

What are the key knowledge gaps and uncertainties in relation to the design, implementation and evaluation of MCP models of care?

Searches

A systematic search will be conducted to identify research and practice-derived evidence between January 2000 and December 2016. This will achieve a balance that captures the historical legacy of MCP models but focuses on contemporary evidence. Sources will include: bibliographic databases) including MEDLINE, PreMEDLINE, CINAHL, Embase, HMIC and Cochrane Library; and grey literature sources such as the King's Fund and Nuffield Trust.

Candidate search terms will be identified by analysing documentation from the current MCP demonstrator sites. These will be reviewed by the project team, with particular support from the Vanguards Relationship Lead; we will also seek advice from the project's Advisory Group, representing key stakeholder groups.

Given the difficulties in searching for evidence in social sciences (Papaioannou et al., 2010), specifically aggravated by the complexity of concepts related to integrated care (i.e. inconsistent definitions, changing terminology), we will systematically check the reference lists of included evidence, to identify additional evidence. As evidence is likely to be distributed across a wide variety of professional and managerial evidence sources we do not plan to use hand searching of a selected list of sources. Instead we will follow up citation networks using both the Google Scholar "Cited by" function and formal Web of Science citation searching.

The scope of the search will include international literature within a developed country context to ensure inclusion of relevant literature of appropriate mechanisms (e.g. mutuality). However, we acknowledge that findings from other health systems do not always transfer well to NHS settings (McPake and Mills, 2010) and may yield indicative rather than definitive findings.

We do not propose to include non-English language studies for the following reasons:

- Our methodology incorporates realist principles which emphasise the importance of context, privileging relevance over rigour. Although non-English papers will address some activities and mechanisms relevant to MCPs, it is the configuration of those activities and mechanisms within

the NHS setting which is particularly important. Including non-English papers would result in an undesirable loss of fidelity with regard to the setting/context.

- Logistically, including translation of papers would add both time and costs, for arguably little additional value.

Types of study to be included

We aim to identify relevant evidence on the most significant (as prioritised with our Advisory Group) contexts, mechanisms and outcomes relevant to the MCP demonstrator sites. As it is likely that little evidence explicitly examines the UK-based MCP models of care, we propose to explore the literature which could be described as the "intellectual heritage" of the MCP model.

We will adopt Williams and Glasby's (2010) definition of "evidence" from an evidence-based management rather than an evidence-based medicine perspective, comprising empirical evidence from research; practice-based and experiential evidence from service delivery; and theoretical evidence. Our search strategy therefore will include research studies (trials and reviews); service evaluations and case studies; in addition to thought-leading papers.

Condition or domain being studied

NHS England's Five Year Forward View (NHS England, 2014) formally introduced a strategy for new models of care driven by simultaneous pressures to contain costs, improve care and deliver services closer to home through integrated models. Following a NHS England call to register interest in delivering new care models for three types of 'Vanguards': Multispecialty Community Providers (MCPs), Care Homes and Integrated Primary and Acute Care Systems in January 2015, the first wave of Vanguard sites were selected in March 2015. Our proposed evidence synthesis focuses on Multispecialty Community Providers (MCPs).

Participants/population

- Patients, carers and communities receiving care via interventions which feature in the MCP model of care.
- Staff across health and social care involved in the design, delivery and evaluation of interventions which feature in the MCP model of care.

Intervention(s), exposure(s)

The synthesis will focus on the MCP models of care within NHS England's Vanguards programme. There are currently 14 MCP Vanguards, which aim to develop extended primary care services, "offering some care in fundamentally different ways, making fuller use of digital technologies, new skills and roles, and offering greater convenience for patients", essentially becoming "the focus of a far wider range of care needed by their registered patients" (NHS England, 2014).

The MCP models of care aim to provide wrap-around and coordinated services for patients, which whilst following some standard principles, will adapt to fit with the local context. A full list of interventions will be extracted from the logic models developed by the vanguards.

Comparator(s)/control

The review will explore interventions with comparators and those with no comparator.

Context

The existing MCPs already capture significant diversity within both context and target populations. We will achieve fidelity to this diversity by ensuring a continued emphasis on what works for whom under what circumstances. Variation within each target population and across the MCP sites will be identified.

Outcome(s)

This study will review evidence relating to the stated outcomes of MCP models, as articulated in the MCP logic models. These relate to the quadruple aim: patient experience; the health of the population; healthcare costs; and staff experience. The synthesis will include qualitative data and quantitative measures.

Data extraction (selection and coding)

Retrieved papers will be managed using Endnote and will screened by the Chief Investigator and Vanguards Relationship Lead, for relevance according to the mechanisms identified and prioritised in the a priori framework.

We anticipate including all evidence deemed to have satisfied the relevance criteria; several researchers (e.g. Dixon-Woods et al., 2006) have made the case that exclusion of qualitative research on the basis of quality risks missing important insights. Studies will be appraised using standard tools (Daly, J. et al., 2007; Whittemore et al., 2001).

Data will be extracted using a standard form to capture: key characteristics necessary to understand the context of the evidence; relevant concepts identified from the *a priori* framework and which have emerged from the evidence; and important findings on mechanisms and outcomes. Thematic analysis across the selected evidence base will identify confirming and conflicting theories to form the basis of a draft conceptual model. NVivo will be used to manage data analysis.

To illustrate how the “best fit” framework analysis will work in practice, our rapid desk-based analysis of the MCP Vanguard applications has suggested that multiple interventions and mechanisms are being developed at micro, meso and macro levels, e.g.: extensivist primary care; multidisciplinary community teams; social prescribing (interventions); community assets and social capital (mechanisms). Several potential themes also feature in guidance from NHS England (2015): design; evaluation; integrated commissioning; patient and community empowerment; technology; workforce; leadership; and engagement.

These potential “umbrella” mechanisms and themes will be used as a framework for data extraction against which the literature on new models of care will be extracted and analysed. Within each of these umbrella mechanisms we will derive If-Then causal statements, based on the literature, that seek to unpick what exactly it is about these mechanisms that is likely to result in improved outcomes or process variables. For example, we will be able to identify the putative active ingredients for extensivist services, accountability, reduced fragmentation etcetera that likely result in the intended (or indeed unintended) outcomes. We will seek preliminary verification of these If-

Then statements with a convenience sample of staff working within existing Vanguard sites. This convenience sample will be recruited from the current Vanguards; we will aim to represent a minimum of 5 different sites.

We will seek to verify the draft conceptual model with key stakeholders from within the MCP Vanguards and NHS England via the project's Advisory Group and a dedicated focus group with key stakeholders. This important phase of the project will ensure that the model is fit for purpose and meaningful to decision makers and practitioners.

Risk of bias (quality) assessment

As the MCP model comprises a broad range of activities and mechanisms, the potential evidence base is vast and diffuse. To manage this, we will focus on a core of highly relevant literature, using this to identify secondary terms and other relevant papers, in an iterative cycle. This approach, which is well accepted within a realist synthesis context (Pawson et al., 2016), is methodologically stronger than an optimally sensitive search strategy which runs the risk of identifying such a large volume of marginally relevant and irrelevant papers, that time for analysis will be compromised by time spent sifting candidate references.

Strategy for data synthesis

This synthesis will employ best fit framework synthesis (BFFS), as a rapid tool by which to facilitate the data extraction and analysis process, combined with realist synthesis principles to maximise the value of the interpretative process resulting in practicable and feasible recommendations for practice. Dixon-Woods (2011) suggests that Framework synthesis is "especially suitable in addressing urgent policy questions where the need for a more fully developed synthesis is balanced by the need for a quick answer". Best fit framework synthesis was developed by Carroll et al. (2011) as a pragmatic variation on framework synthesis. BFFS introduces the deductive step of developing an a priori framework, to harness "the recognised strengths of both framework and thematic synthesis" (Carroll et al., 2013). BFFS will be combined with a synthesis following realist principles that are particularly suited to exploring what works, when, for whom and in what circumstances. The realist principles are derived from work by Pawson and Tilley (1997), who recognised the need for methods suited to the inherent complexity within change programmes and their evaluation. The realist synthesis methodology (Pawson, 2006) has been consolidated and extended in more recent studies such as Rycroft-Malone et al. (2012). The realist approach acknowledges that interventions do not necessarily transfer easily from one setting to another and offers deeper insights into the contextual factors involved in change. Following synthesis we offer practitioner relevant dissemination activities to mobilise knowledge and support decision makers (Davies et al. 2015).

We will base the *a priori* framework for the synthesis on the underlying programme theories of the current MCP Vanguards. We will utilise the logic models being developed by the Vanguards (NHS England, 2015), identifying the mechanisms employed. These will be prioritised with the support of the Project Advisory Group, comprising senior leads and practitioners from local Vanguards. The logic models developed by the Vanguards typically follow the model recommended in the Magenta Book (HM Treasury, 2011) which lends itself to the CIMO (Context, Intervention, Mechanisms, Outcomes) (Denyer and Tranfield, 2009) framework with which we intend to plan the search strategy.

Analysis of subgroups or subsets

None planned

Dissemination plans

Our synthesis is based around the delivery of useable summaries and tools to support the design, delivery and evaluation of new care models in health and social care. We will deliver a full evidence synthesis, including findings, conclusions, recommendations for further research (identification of knowledge gaps and uncertainties) and recommendations for practice. As described previously, this synthesis will employ best fit framework synthesis, as a rapid tool to facilitate the data extraction and analysis process, combined with realist synthesis principles to maximise the value of the interpretative process resulting in practicable and feasible recommendations for practice. This approach acknowledges and articulates contextual factors, thus providing the "thick descriptions" described by Polit and Beck (2010) to help the target audience to understand what may be transferable to their specific contexts.

We will produce a range of outputs within the dissemination strategy, influenced by Colquhoun et al.'s (2014) four key components for knowledge mobilisation, as part of the dissemination:

- strategies and techniques (active ingredients) – motivation, capability, opportunities;
- how they function (causal mechanisms) – influenced by a variety of contextual factors;
- how they are delivered or applied (mode of delivery) – e.g. face to face, brochure, mass media; and
- what they aim to change (intended targets).

As such our dissemination activities will comprise:

- A visual conceptual model, highlighting the key findings of the evidence synthesis to appeal to busy decision makers, which will align with the evaluation approach of the Vanguards.
- A plain English summary for system leaders to use with local communities /patient and carer representatives.
- Submissions to relevant peer reviewed journals, professional press and conferences.
- A live web resource to share aims, objectives, methodology and in due course highlight key findings and recommendations.
- Briefings for local health economies/decision makers, which incorporate key reflections to consider:
    - (Co-) Designing new models of care (interventions);
    - Implementing new models of care (mechanisms);
    - Evaluating and measuring new models of care (outcomes);
    - Barriers and enablers (contextual factors).
- Social media promotion as relevant.

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