

From programme theory to logic models for multispecialty community providers: a realist evidence synthesis

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Plain English summary

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Plain English summary

The number of people with long-term ('chronic') illnesses, often having more than one at once, is rising. Health and social care budgets are tight, so the NHS has to find ways to provide lower-cost, but still high-quality, care for people with these illnesses. The NHS plans to use new 'multispecialty community providers' (MCPs) to do this. MCPs will bring together health services and social care services to provide care closer to people's homes and, when they safely can, keep people out of hospitals. MCPs are a new idea and there is no research yet about how well they work in practice. So, instead, we had to look at how MCPs *might be expected* to work, in the light of similar schemes in other countries.

We:

1. used policy documents and talked to NHS staff and patients to understand *how* MCPs can help health services and social care to work together to give better care for people with long-term illnesses
2. looked at how other countries try to do this
3. used that research to show how to change the plans for MCPs to make them more likely to work
4. fed back what we found to NHS and patient organisations.

An important way for MCPs to provide good, safe, better-organised care for people with long-term illnesses is by using 'multidisciplinary teams'. These teams bring people from different services and professions together to co-ordinate their work better for each patient, and give patients and carers more of a voice. Information technology is also needed so that each team can see the most recent information about what care each patient needs.

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