

# The international knowledge base for new care models relevant to primary care-led integrated models: a realist synthesis

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**Declared competing interests of authors:** Alison Turner reports membership of the National Institute for Health Research (NIHR) Dissemination Centre Advisory Group. The Strategy Unit (NHS Midlands and Lancashire Commissioning Support Unit) was commissioned to support the Dudley Multispecialty Community Provider (MCP) vanguard, and Alison Turner has been involved in providing evidence analysis in support of the local evaluation of the vanguard. Abeda Mulla reports membership of the NIHR Health Services and Delivery Research (HSDR) Prioritisation Panel (researcher led); The Strategy Unit was commissioned by the Dudley Clinical Commissioning Group (CCG) to deliver a primary care development programme, and Abeda Mulla is involved in providing general practices with service improvement and change support, and evaluating the programme workstreams. The Strategy Unit was also commissioned by NHS England to conduct a rapid research study in the context of General Practitioner (GP) Access, and Abeda Mulla was the technical lead for the project, overseeing all aspects of the analysis and writing the report. Andrew Booth reports being a principal investigator on a NIHR HSDR Evidence Synthesis Centre contract and membership of the NIHR Complex Reviews Research Support Unit Funding Board. Shiona Aldridge works for The Strategy Unit, which was commissioned by NHS England to conduct a rapid research study in the context of GP Access, and she was involved in undertaking the qualitative analysis; she was also involved in providing evidence analysis in support of the local evaluation of the Dudley MCP vanguard. Sharon Stevens reports being involved in providing evidence analysis in support of the local evaluation of the Dudley MCP vanguard and undertaking the evidence review for the NHS England-funded review of managing access in English general practice. Mahmoda Begum reports that, in relation to The Strategy Unit being commissioned by the Dudley CCG to deliver a primary care development programme, she is involved in providing general practices with service improvement and change support, and evaluating the programme workstreams; she was also involved in undertaking the qualitative interviewing and analysis for the NHS England-funded review of managing access in English general practice. Anam Malik reports that, in relation to The Strategy Unit being commissioned by the Dudley CCG to deliver a primary care development programme, she is involved in providing general practices with service improvement and change support, and evaluating the programme workstreams; she was also involved in undertaking the qualitative interviewing and analysis for the NHS England-funded review of managing access in English general practice.

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## Plain English summary

### **New care models relevant to primary care-led integrated models**

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## Plain English summary

Fifty health-care economies in England have received funding and support to provide better ways of joining up or 'integrating' health-care services. These new models of care aim to provide better quality, experience and value for patients and staff in the health-care 'system'. Collectively, the models of care are called vanguards. Although these are new, the underlying efforts to deliver a more integrated model of care are not. Our project focused on the fourteen multispecialty community provider (MCP) vanguards, designed to provide comprehensive integrated care outside a hospital setting.

The aim of this project was to support the people making decisions in MCPs, by combining or 'synthesising' lessons from similar models that had reported findings. As the knowledge base was vast, we worked with MCP leads and public representatives to prioritise three aspects of the MCP model: (1) patient access to integrated care in the community, (2) pooled investment and clearer accountability and (3) a collaborative approach to address issues, such as inequality and growing demand. For each, we used an established approach that asks 'What works, for whom, in what respects, to what extent, in what contexts and how?'

We found that integrated care models that work well are tailored to local needs and constantly evolving. They are also dependent on good connections between local people, communities and health-care staff, especially those that allow learning from one another. In a MCP, there should be:

1. opportunities for all the different staff and service users to be involved
2. a shared view of the benefits of working together, with trust for one another and the organisations that they represent
3. training to support integrated working.

Our findings suggest that, when these three aspects come together, staff and service users can change their behaviours to benefit both themselves and the system.



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