Vertical integration of general practices with acute hospitals in England: rapid impact evaluation

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Disclosure of interests of authors

Full disclosure of interests: Completed ICMJE forms for all authors, including all related interests, are available in the toolkit on the NIHR Journals Library report publication page at https://doi.org/10.3310/PRWQ4012.

Primary conflicts of interest: None.

Published October 2023
DOI: 10.3310/PRWQ4012

Plain language summary

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Health and Social Care Delivery Research 2023; Vol. 11: No. 17
DOI: 10.3310/PRWQ4012

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Our previous evaluation of when National Health Service hospitals take over the running of general (medical) practices, based mainly on interviews with National Health Service staff, found that a major aim was to keep open general practices that might otherwise close. The follow-up study reported here looked at wider questions and drew on a wider range of evidence. Does a hospital-run practice affect patients’ satisfaction with their care and how often they go to hospital? Does the arrangement work differently for patients with multiple long-term conditions? To answer these questions, we compiled the first ever list of all the general practices in England run by National Health Service hospitals: they total a little over 1% of all general practices. We found that general practices run by hospitals are not typical. We should not assume that the results found there would be repeated elsewhere if there were to be a widespread move to having hospitals run general practices.

Our research drew on 7 years of national data on patients’ use of hospitals and 10 years of findings from the national General Practitioner Patient Survey. We also interviewed patients and staff at three locations in England where hospitals run general practices.

Patients’ experience of, and satisfaction with, the care they receive from a general practice is similar whether it is run by a hospital or not. There are modest and temporary (1–2%) reductions in patients’ accident and emergency department and outpatient attendances when a hospital starts running their general practice and larger and more permanent reductions (3–5%) in rates of emergency admissions and readmissions to hospital. Patients with multiple long-term conditions are affected similarly to other patients. The most important condition for success seems to be building and maintaining trust between clinicians and other staff at the hospital and the general practices.
The BRACE Rapid Evaluation Centre is a collaboration between the Health Services Management Centre at the University of Birmingham, the independent research organisation RAND Europe, the Department of Public Health and Primary Care at the University of Cambridge, and National Voices. BRACE carries out rapid evaluations of innovations in the organisation and delivery of health and care services. Its work is guided by three overarching principles:

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2. Relevance. Working closely with patients, managers, clinicians and health care professionals, and others from health and care, in the identification, prioritisation, design, delivery and dissemination of evaluation research in a co-produced and iterative manner.
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