

Delivering innovation and transformation in NHS primary care: the Greater Manchester demonstrator pilot evaluation

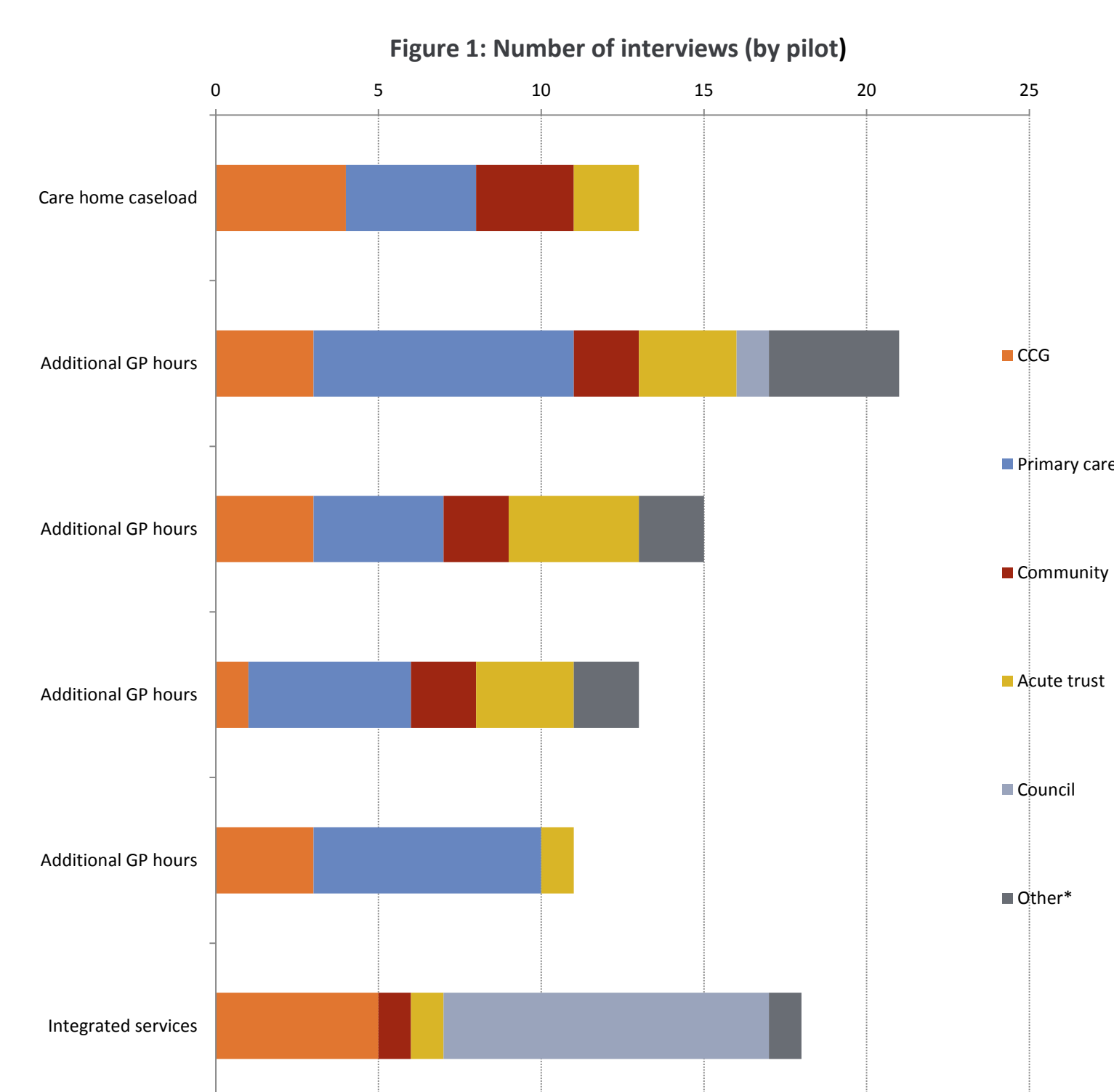
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INTRODUCTION

Improving the quality of, and access to, primary care services to meet the health needs and expectations of the population is central to current government's vision for the future of the NHS. In 2013, six 'demonstrator communities' were established by NHS England Greater Manchester to pilot and test the key concepts and principles of the Greater Manchester Primary Care Strategy. CLAHRC GM was commissioned to evaluate the **processes** and **outcomes** associated with the demonstrator communities and the innovations being piloted.

METHODS

This study is a **mixed methods evaluation**, with two main components: (i) a process evaluation with ongoing feedback, allowing innovations to be adapted and modified in real-time and (ii) a longitudinal outcome evaluation. The **process evaluation** is following a case study approach, using qualitative interviews with providers in each pilot community, in order to explore the process of implementation. For the **outcome evaluation**, we are using routinely collected quantitative data; the Secondary User Statistics (SUS) and the General Practice Patient Survey (GPPS) data. Using these datasets, we will provide a three year trend analysis of impact on health service utilisation and patient satisfaction with NHS primary care services.



RESULTS

Across the pilot sites, 92 practitioners and managers participated in interviews (figure 1). Using findings from these interviews, the process evaluation team developed a template for real-time learning, based on five key implementation enablers/challenges (figure 2). Main learning points include:

- Attention needs to be paid to appropriate skill mix when redeploying staff, need to engage and buy-in at early stage.
- GP federations and alliances appear to provide solid foundations for collaborative working essential for extending access.

Preliminary results from the outcome evaluation suggest statistically significant improvements in relevant aspects of the GPPS in the pilot areas compared to other areas in Greater Manchester

Conclusions to date

The process evaluation has generated greater understanding of 'how' change and innovation happen in primary care.

Services running as part of the demonstrator pilots

- Extended opening hours at evenings and weekends in general practice (at four pilot sites).
- An enhanced caseload and care planning service in care homes provided by an advanced nurse practitioner.
- Enhanced domiciliary support for end of life.
- The development of new multi-disciplinary teams for complex care.

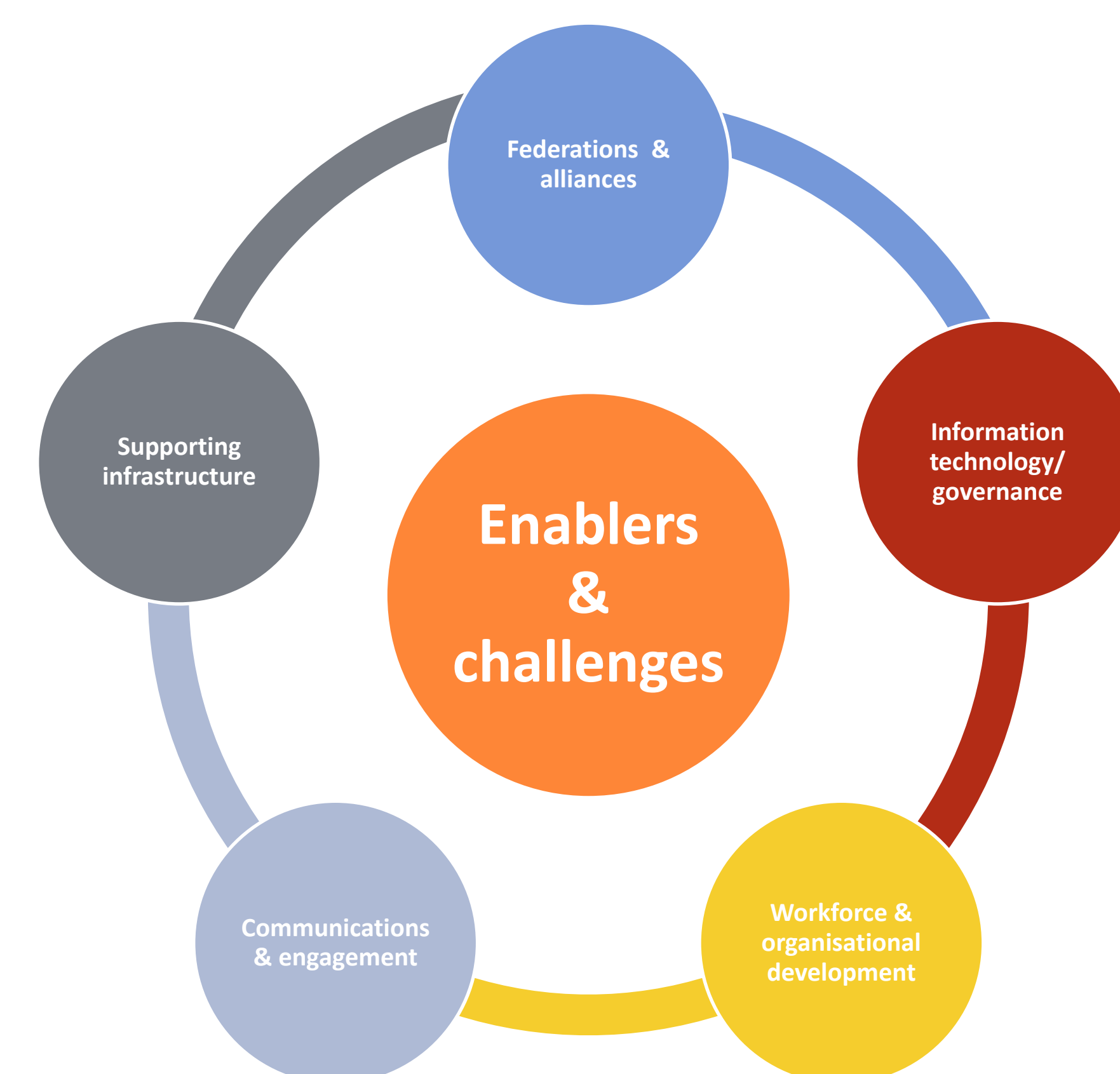


Figure 2: elements of the learning template

Impact of the evaluation to date

This evaluation is providing rapid and continuous real-time feedback, by communicating emerging findings to NHS England and to the pilot sites. We are actively engaged with facilitating learning within and between pilot sites, by contributing to 'action learning' events and presenting emerging findings to pilot sites. We have already achieved measurable impact by:

- Supporting the ongoing modification, adjustment and improvement of the innovations being tested.
- Informing decisions regarding the sustainable implementation of tested innovations in routine care and their spread to other areas and adoption at scale, which has already had an observable impact on local and national primary care strategies.
- Informing the development of GP federations.

Future impact and further research

The final evaluation report is due early 2015 and will help to inform the future design and funding of primary care services in Greater Manchester. Other impact on primary care service design, policies and strategies will be closely monitored.

The evaluation has also identified issues requiring further research, around access and integrated care, through which the CLAHRC team can build on the scale and scope of impact in implementation research.

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