

Pragmatic and formative evaluation of the pilot implementation of UCLPartners' Proactive Care Frameworks across multiple primary care sites in England

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Rapid and pragmatic evaluation of early real-world implementation provided valuable formative insights to improve ongoing implementation and initial evidence about the potential impact of an innovation lacking an established traditional evidence base

Background

- Challenge: UCLPartners developed the [Proactive Care Frameworks](#) (PCF) to support people with long-term conditions during the pandemic and primary care with post-pandemic recovery
- Innovation: PCF = patient risk stratification/prioritisation + using wider workforce capacity + digital resources > support self-management and personalisation of care
- Aim: Evaluating pilot implementation of PCF in six regions informing ongoing implementation and future spread

Methods

- Pragmatic evaluation (6 months)
- Mixed-method multiple case study approach
- Guided by Theory of Change
- Topics: Care and work processes, workforce and patient/carer experience (indirect), health inequalities, implementation process
- Data: Quantitative survey & 41 qualitative interviews with implementation stakeholders, observations of nine Communities of Practice

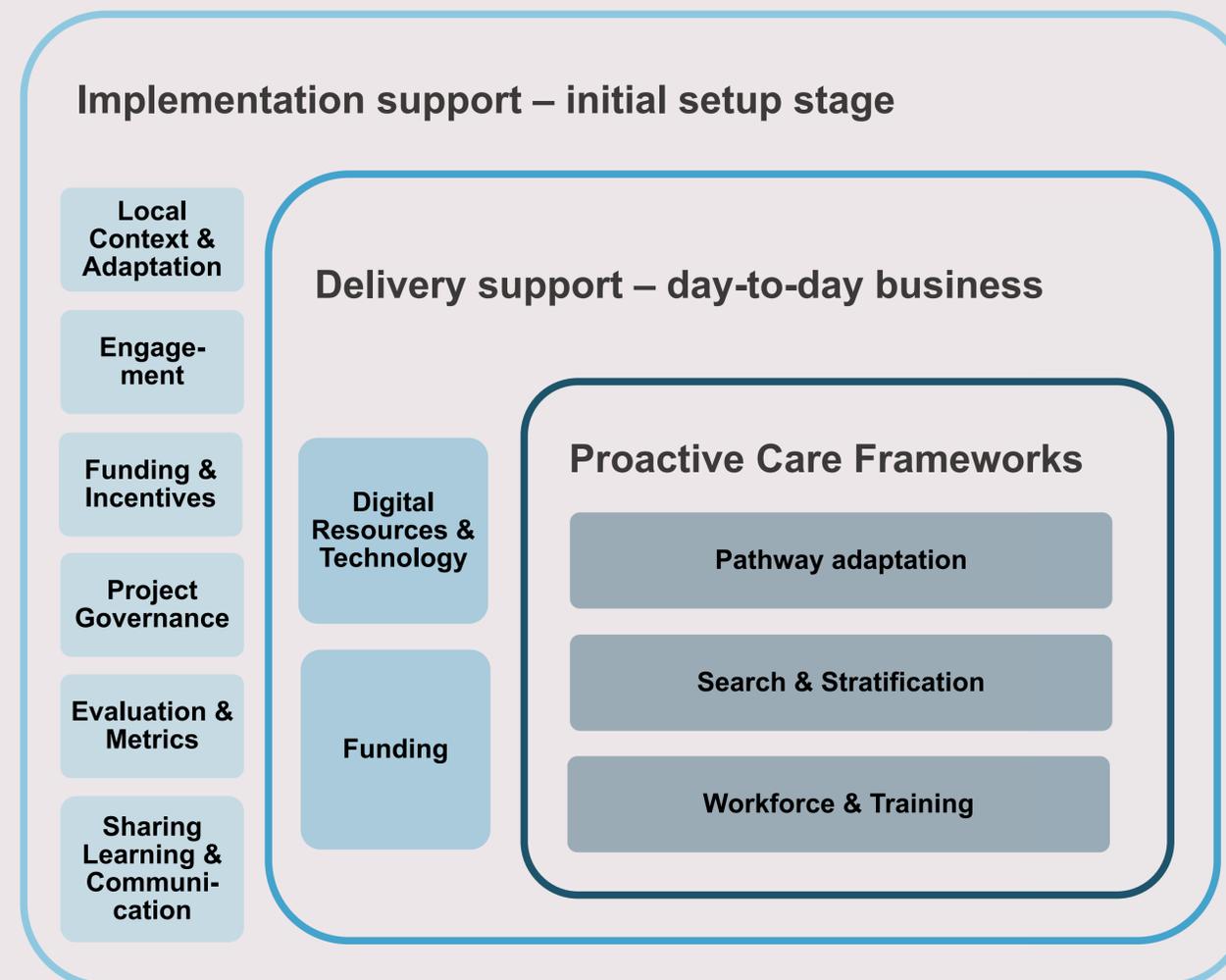


Figure 1: Three implementation support layers: Proactive Care Frameworks, their day-to-day delivery & initial setup

Results

- Risk stratification supported clinicians to be more efficient and prioritise their work, freeing up time for higher skilled clinicians to see more complex patients
- Improved fit between patient needs and practice workforce, and increased patient knowledge, motivation and self-management skills
- Tailored implementation support targeting PCF, their day-to-day delivery, and initial setup (figure 1)
- Need for realistic implementation timeframes, dedicated implementation support, and sufficient engagement with strategic leads and ground staff to allow for local adaptation and building ownership

Next steps

Rapid evaluation cycles for

- direct patient/carer feedback
- clinical and cost-effectiveness outcomes
- core form and functions

We are the Centre for Healthcare Innovation Research (CHIR)
Final Report
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