



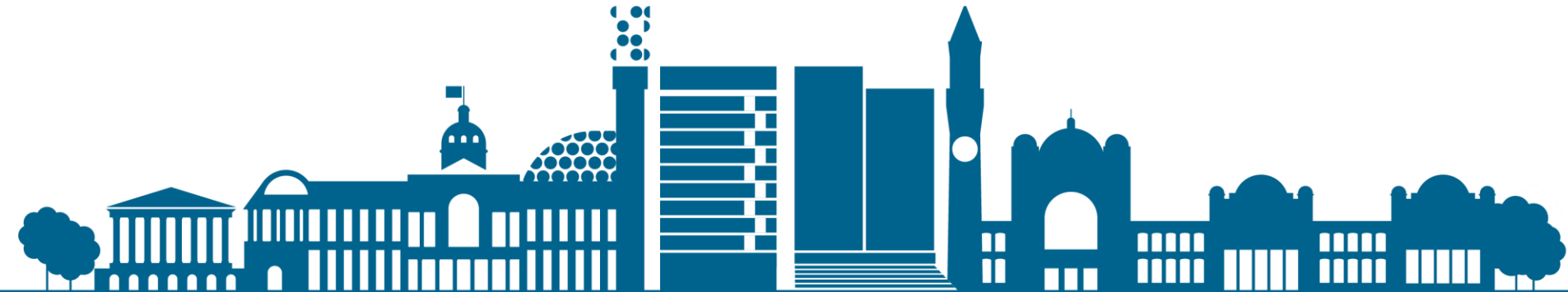
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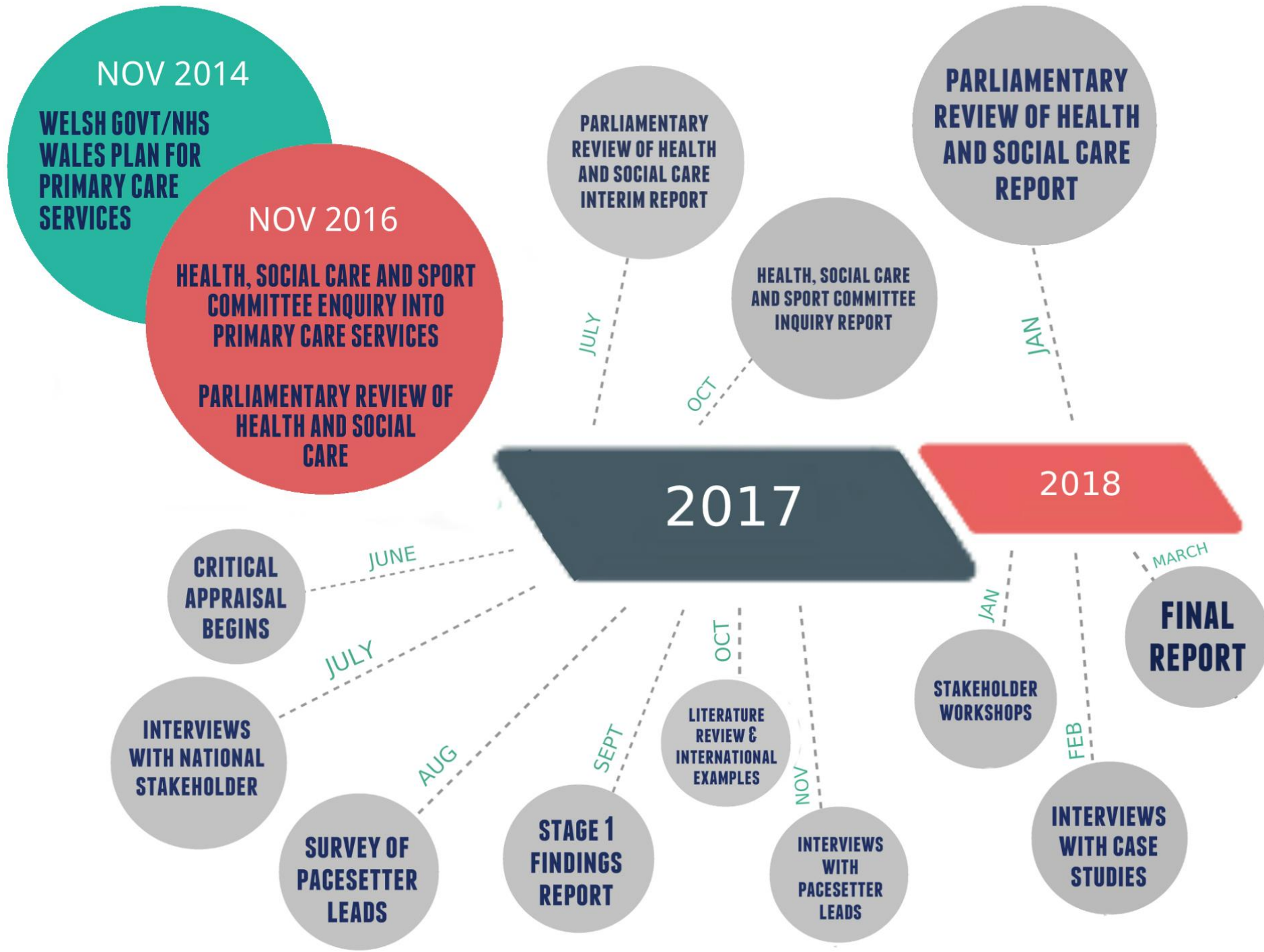
Adding value through evaluation: learning from the pacesetter programme

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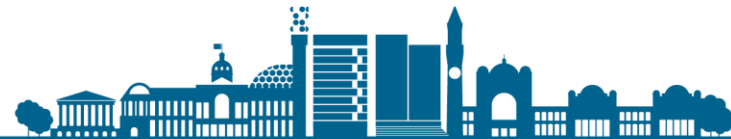


Learning about Wales



WHAT WENT WELL?	WHAT COULD HAVE BEEN BETTER?
Primary care clinicians & teams were able to test out / scale up local innovations.	Clearer objectives, evaluation processes and relevant data.
Some projects have been mainstreamed & others have provided valuable learning.	More explicit criteria for mainstreaming at the end of the three years.
Recognition of the need to properly support and evaluate innovations.	Engagement of people and communities at all levels of the programme.
Development of the whole system approach to health and care reform.	More thorough approach to the sharing of learning between Health Boards.

Learning about international experience





Sharing learning in Wales



Opportunities for reflection

- ❑ Regular catch ups with programme leads to share data and discuss implications
- ❑ Stakeholder workshops to test out emerging findings and respond to challenges
- ❑ Reports (with twitter feed)
- ❑ National event on good practice (Oct 2018)
- ❑ On line resource (in discussion)



Sharing internationally



Transforming primary care: scoping review of research and practice

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Abstract

Purpose – The purpose of this paper is to reflect on research evidence and practice experience of transforming primary care to a more integrated and holistic model.

Design/methodology/approach – It is based on a scoping review which has been guided by primary care stakeholders and synthesises research evidence and practice experience from ten international case studies.

Findings – Adopting an inter-professional, community-orientated and population-based primary care model requires a fundamental transformation of thinking about professional roles, relationships and responsibilities. Team-based approaches can replicate existing power dynamics unless medical clinicians are willing to embrace less authoritarian leadership styles. Engagement of patients and communities is often limited due to a lack of capacity and belief that will make an impact. Internal (relationships, cultures, experience of improvement) and external (incentives, policy intentions, community pressure) contexts can encourage or derail transformation efforts.

Practical implications – Transformation requires a co-ordinated programme that incorporates the following elements – external facilitation of change; developing clinical and non-clinical leaders; learning through training and reflection; engaging community and professional stakeholders; transitional funding; and formative and summative evaluation.

Originality/value – This paper combines research evidence and international practice experience to guide future programmes to transform primary care.

Keywords Integrated care, Primary care, Transformation, Health care home

Paper type Literature review

Introduction

Internationally there is a growing aspiration to rebalance health care systems towards primary rather than secondary care, and for primary care in turn to move towards a population-based model (World Health Organisation, 2015; European Commission, 2017). This reflects common concerns regarding ageing populations, increasing numbers of people living with multiple long-term conditions, negative impacts of lifestyle choices including diet, activity and alcohol consumption, and continuing inequalities within society. There is a recognition that whilst health care services provide a vital contribution, this is only one component of improving the health and wellbeing of communities. Even well-funded health care has a finite capacity and will sit alongside other sources of information, influence and support. Constructive engagement with wider community resources and broader societal institutions is therefore necessary. Peoples' expectation of the services that they receive or purchase is also changing. Flexibility of access, connection through mobile technology and

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- ❑ Journal article published 2018
- ❑ Lead article in special edition
- ❑ Funded free to access
- ❑ Downloaded 1,301 within first 12 months



Conferences, talks & events



A model of good evaluation practice..



Realistic & appropriate brief (& willing to amend)

Regular progress reviews with helpful challenge

Openness to results & willing to share

Excellent project support



Transformation, not just improvement



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