

From evidence to action: Our learning from implementation and non-implementation of an integrated care model for people with severe mental ill-health (PRIMROSE) in three regions of England

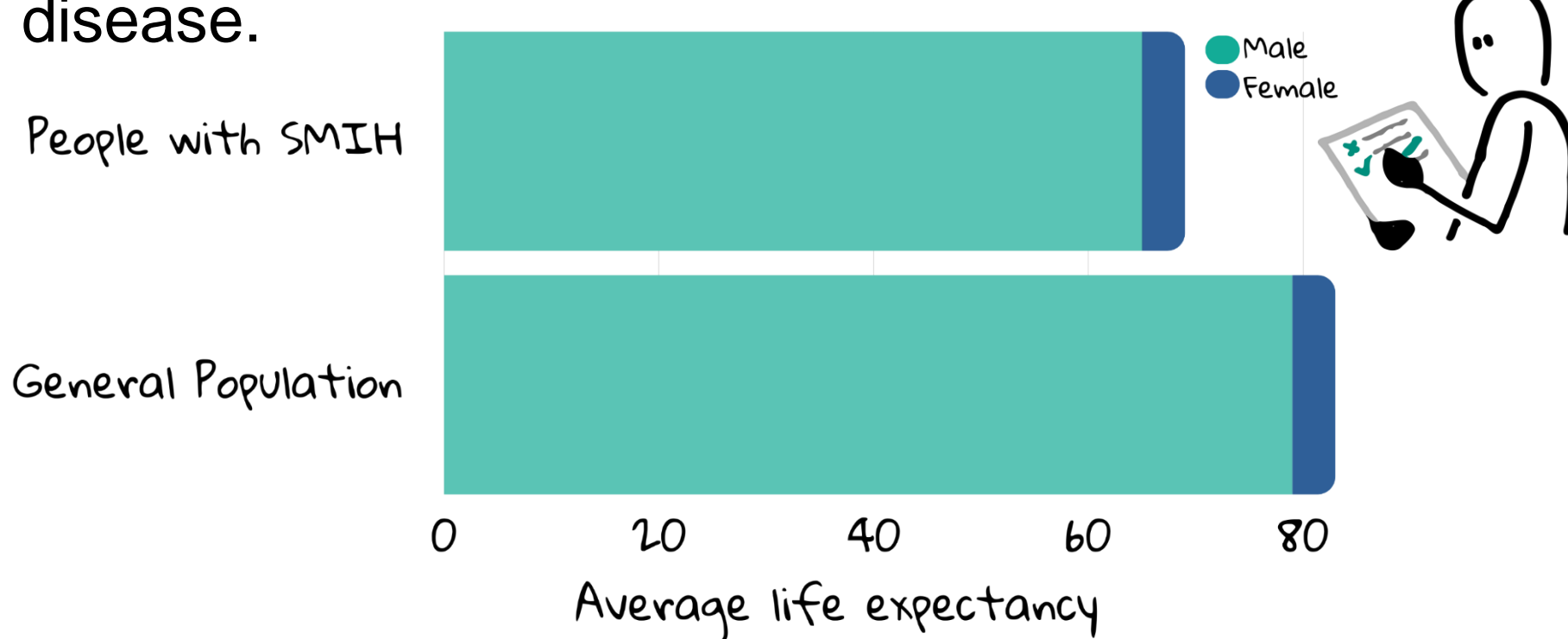
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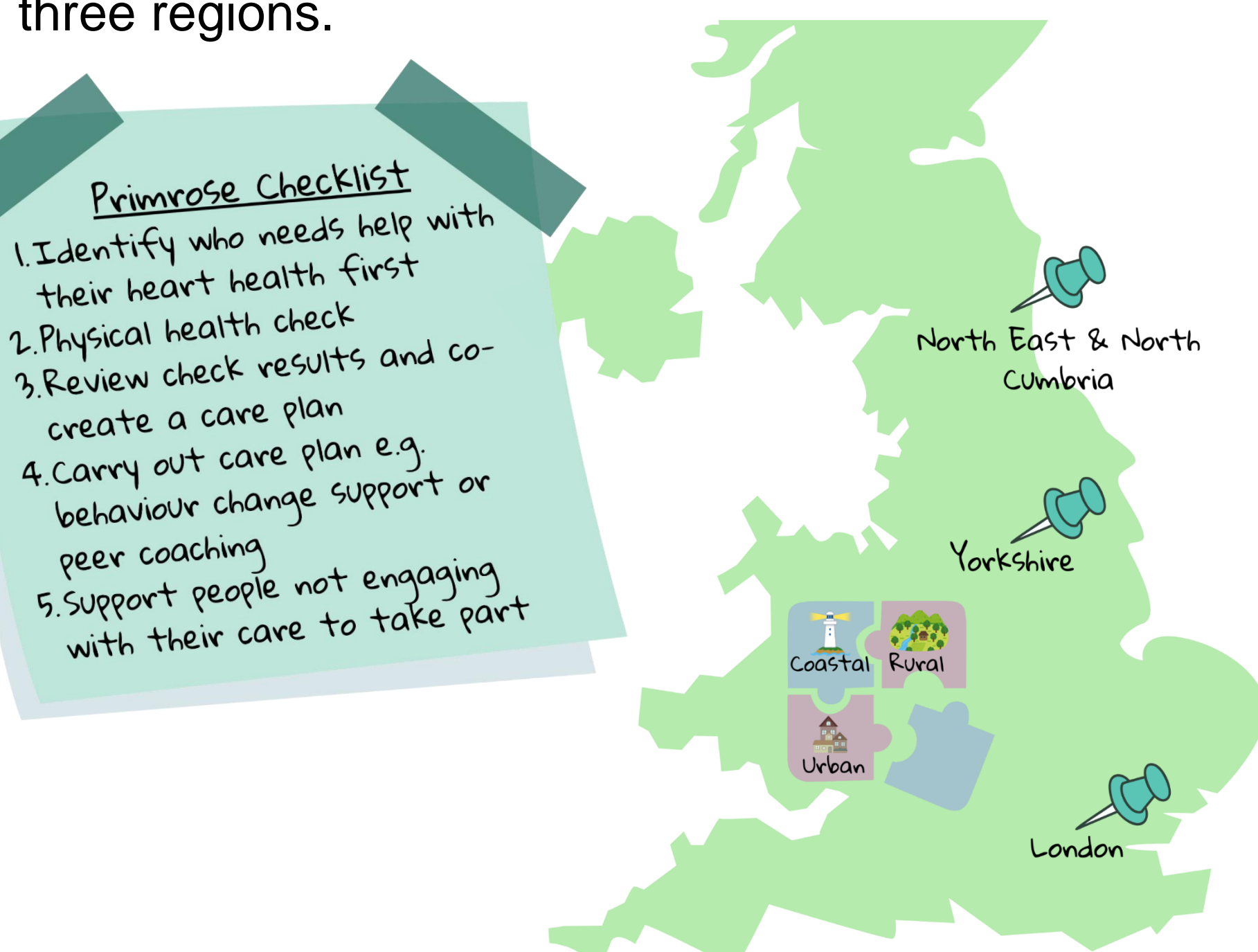


Background

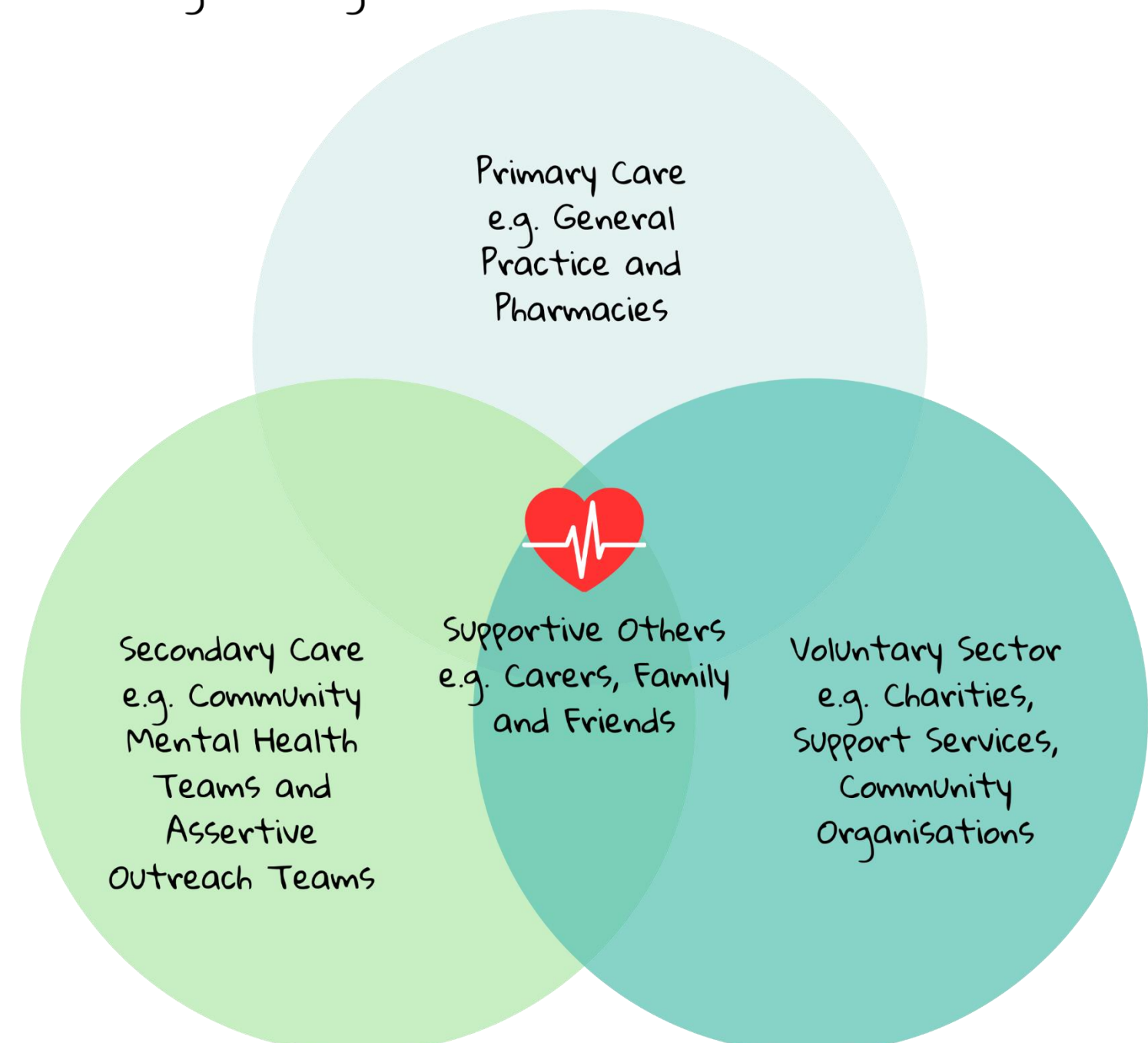
People with Severe Mental Ill-Health (SMIH) have a lower life expectancy compared with the general population. A contributing factor to this is preventable physical health conditions like cardiovascular disease.



PRIMROSE is an integrated innovation designed to improve physical health in patients with SMIH. We aimed to explore the implementation of PRIMROSE, and adapted version, (WHOLE-SMI) in three regions.



What might integrated care look like?

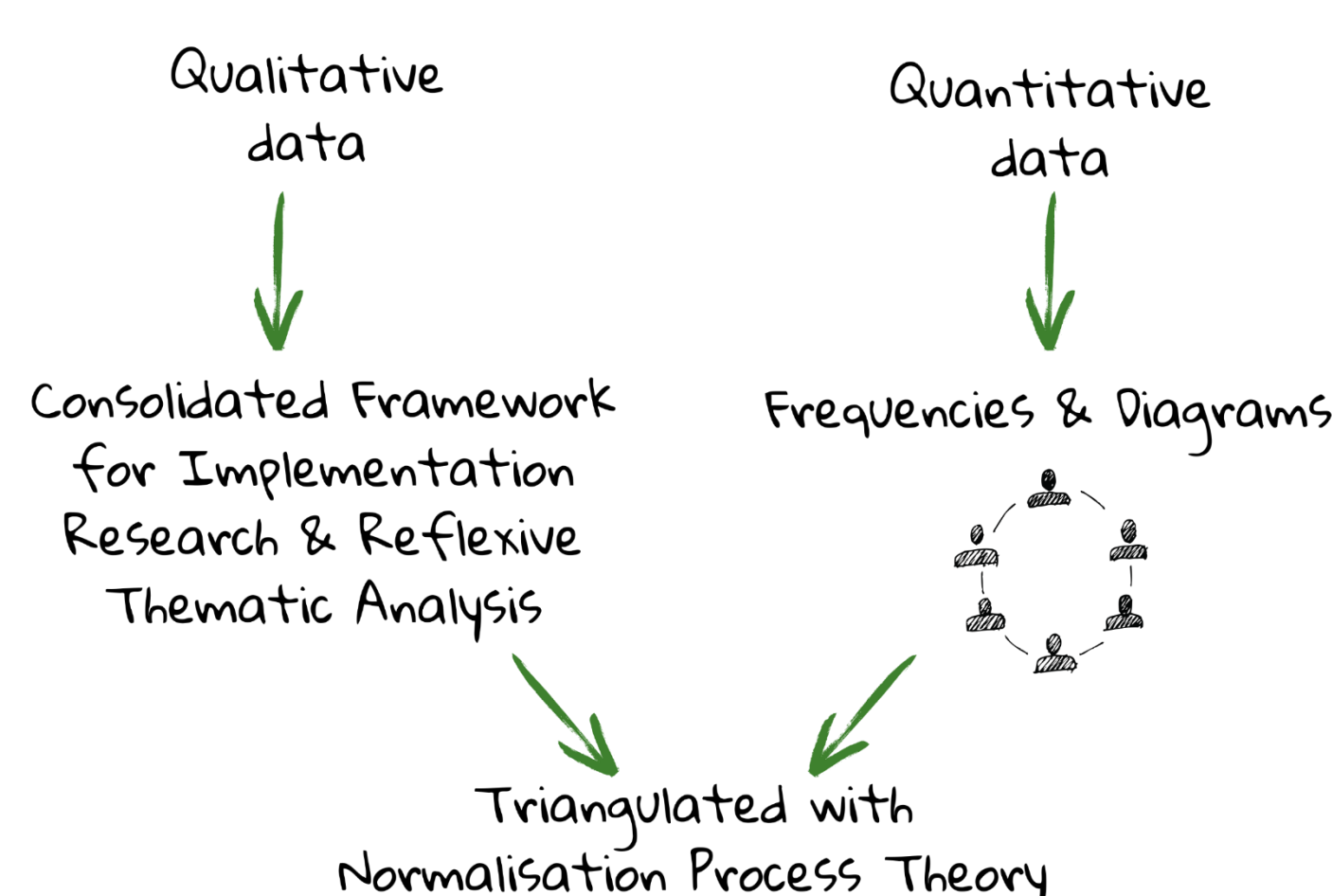


Methods

We investigated pre-implementation context and readiness, implementation (including adaptation) and non-implementation, and the associated barriers, facilitators and processes.

- ✓ Focus groups & interviews
 - ✓ Ethnography - site visits & meeting attendance
 - ✓ Context mapping including ripple effects mapping
 - ✓ Uptake date and model adaptation
 - ✓ Lightning reports
- We spoke to a range of people, from those on the ground (health professionals and service users), to implementation teams, commissioners and directors.

Analysis



Community and public input

We consulted with former and existing service users and experts by lived experience (including carers and family members). They helped shape the design of the research, interpret findings and co-develop public facing outputs.



Findings

Engagement with PRIMROSE (and the associated WHOLE-SMI approach) implementation varied.

- PRIMROSE was implemented across 24 GP practices in London and Bradford (Yorkshire).
- North East and North Cumbria localities progressed holistic care offers but targeted delivery was limited.
- Core model elements aligning with existing practices were more easily adopted.
- Teams often prototyped the model, allowing local adaptation.
- Non-implementation areas faced more barriers and fewer enablers.

Enablers	Barriers
Belief that PRIMROSE adds value to care	Stretched resources and limited capacity
Staff buy in across the system including leadership	Poor digital infrastructure between care sectors
Skilled champions and project management	Prioritisation of financially-incentivised health checks
Adaptation and integrated working	Ongoing transformation (Integrated Care Systems)
Culture of learning, reflection and problem solving	Inconsistent recording and reporting

Conclusions

- Integrated care systems remain inconsistent and siloed, hindering the effective implementation of PRIMROSE.
- Incentivised health screenings help maintain focus on physical health in SMIH, but when prioritized in isolation, they fail to reduce overall risk.
- Greater emphasis is needed on identifying and sharing best practices to support holistic, preventative approaches.

From what we learned in our research we developed the following steps to improve chances of implementation success:

Steps to implement PRIMROSE

An integrated model of care to reduce cardiovascular disease risk in patients with severe mental ill health

1. LEARN ABOUT PRIMROSE

An evidence-based intervention co-developed with lived experience advisory panel. It was tested through a clinical trial - positive for patients' health and saved the NHS money.

Shown to save £895 per patient per year

2. PREPARE THE GROUND

What can be put into action now that will help across care & build readiness for PRIMROSE? e.g. SMI, holistic consultations & cultural competence training, or connecting primary & secondary care records.

3. MAP CURRENT CARE

How do things currently run, what works, what resources can be better linked in (e.g. local authority or voluntary sector)? Who are all the stakeholders you need to bring on board?

Resources for CVD prevention & intervention now will build capacity long term

4. LOCALLY ADAPT

Which parts work for your area, who can deliver them, and how? Key are the clinical review, behaviour change sessions, peer coaching, and non-engagement support.

Aligns with core10plus, the long term plan, & ICS ambitions

5. PLAN TO ACTION

Get everybody on the same page about how to joint up care, what your goals are, how you are going to record actions, and what outcomes you are interested in reporting (& how to do this).

Set up training & communities of practice for ongoing knowledge sharing

6. REVISIT & REVISE

Regularly come back together across whole team to understand how PRIMROSE is fitting with your ways of working (or not) and assess outcomes against goals, so you can improve and problem solve as you go.

Remember the big impact factors of blood pressure, cholesterol, and smoking. Targeting these means its likely you are improving health across multiple long term conditions!

An important part of our implementation research has been sharing what we have found with a range of people, for example, policy makers, health professionals, service users, and the research community.

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