

Predictive risk stratification model: a randomised stepped-wedge trial in primary care (PRISMATIC)

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Plain English summary

PRISMATIC: randomised stepped-wedge trial in primary care

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Plain English summary

As the population ages, there are more people with chronic conditions. It is best for patients and the NHS to avoid emergency admissions to hospital, and to care for these patients at home when possible. To help identify people at high risk of emergency admission to hospital, a computer program called the Predictive Risk Stratification Model (PRISM) has been developed. General practitioners (GPs) and their staff can use PRISM to identify these patients, and provide extra care to keep them safely at home.

We evaluated the effects of introducing PRISM into 32 general practices in south Wales, including effects on use of services, quality of life and satisfaction. We worked closely with patients to study how GPs and health-care managers introduced and understood PRISM.

We included 230,000 patients in the study, and received completed questionnaires from 1400 patients. To our surprise we found that, after the introduction of PRISM, there were more emergency admissions to hospital, more attendances at accident and emergency, and more outpatient appointments. So, health-care costs rose without clear evidence of benefits to patients. However, patients reported that their physical health had improved. General practice staff reported that a new incentive payment introduced at the same time as PRISM had encouraged them to use PRISM.

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