Unique ref

………………..

Author (Year)

…………………………………………

Evidence type

	Quantitative systematic review
	Qualitative systematic review
	RCT
	Qualitative research
	Economic evaluation
	Evaluation (uncontrolled/before and after)
	Other study report
	Experiential learning/case study
	Theoretical evidence/opinion/commentary/
	Other (state)

Patient/Population

Intervention/s

e.g. duration, intensity, frequency of contact, professionals involved

Outcomes

Population Health		Cost Effectiveness	
Patient Experience		Staff/Provider Experience	

Quality limitations

R1: Community based coordinated care is more accessible

IF primary care providers grow (new/expanded roles, additional services, hubs, extended hours) to deliver place-based services THEN patients will access more specialist care within community settings

Confirming evidence

Negating evidence

Modifying evidence

Unintended consequences (e.g. supply-induced demand)

Characteristics of enhanced primary care

Enablers/constraints

Other comments

Further references for follow up

R2: Accountability, contracting and payment systems incentivise integration

IF commissioners award place-based contracts (incorporating new accountability and governance models, capitated budgets and risk sharing) THEN providers will adopt integrated working

Confirming evidence

Negating evidence

Modifying evidence

Unintended consequences (e.g. market forces)

Characteristics of place-based contracting, accountability, governance

Enablers/constraints

Other comments

Further references for follow up

R3 : Fostering relational behaviours builds resilient communities

IF commissioners and providers develop mutually beneficial relationships and co-produce services (with patients, public, voluntary sector, community groups, local businesses, other public services) within local communities THEN health and care services will support local communities to build resilience

Confirming evidence

Negating evidence

Modifying evidence

Unintended consequences (e.g. increased inequity)

Characteristics of mutuality/co-production

Enablers/constraints

Other comments

Further references for follow up

M1 Collective responsibility improves quality and safety outcomes

IF providers share collective responsibility for outcomes through standard integrated pathways THEN providers will improve the quality and safety of care

Confirming evidence

Negating evidence

Modifying evidence

Unintended consequences (e.g. focus on what can be measured rather than what is important to patients)

Characteristics of collective responsibility/integrated pathways

Enablers/constraints

Other comments

Further references for follow up

M2 Multidisciplinary teams provide continuity for patients with LTCs/complex needs

IF primary care providers deliver care via MDTs (organised around natural communities) THEN patients with LTCs/complex needs will experience better continuity of care

Confirming evidence

Negating evidence

Modifying evidence

Unintended consequences (e.g. market forces)

Characteristics of MDT working

Enablers/constraints

Other comments

Further references for follow up

M3 Engaged and trained staff expedite cultural change

IF commissioners and providers train and fully engage staff in service transformation THEN staff will drive the cultural change which underpins new ways of working

Confirming evidence

Negating evidence

Modifying evidence

Unintended consequences (e.g. disenfranchised groups)

Characteristics of engagement

Enablers/constraints

Other comments

Further references for follow up

M4 System learning embeds and sustains transformational change

IF MCPs learn and adapt quickly using evaluation/monitoring loops and knowledge sharing THEN MCPs will sustain transformational change

Confirming evidence

Negating evidence

Modifying evidence

Unintended consequences (e.g. promoting poor practice)

Characteristics of system learning

Enablers/constraints

Other comments

Further references for follow up

M5 Shared/linked data is critical to effective integration

IF MCP staff are not able to access shared/linked data THEN patients will continue to experience fragmented care

Confirming evidence

Negating evidence

Modifying evidence

Unintended consequences (e.g. increased information security risks)

Characteristics of data sharing

Enablers/constraints

Other comments

Further references for follow up