Do early visiting services improve quality of care in primary care?

Sophie Park and Ruth Abrams
13th Nov 2018
Research questions

1. What are the outcomes from early visiting services?
2. What are the mechanisms, acting at individual, group, professional and/or organisational levels, through which early visiting services result in their outcomes?
3. What are the contexts which determine whether different mechanisms produce their outcomes?

This research is funded by the National Institute for Health Research School for Primary Care Research (NIHRSPCR). The views expressed are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health.
Conceptualising

Lots of reading

Zero knowledge of EVS

Zero experience of PPI

Action

Google searches for EVS

Professional networks

Outcomes

Involvement from CCGs, GPs and paramedics running EVS

PPI

BMJ Open

PPI

Read the press released article Do emotions related to alcohol consumption differ by alcohol type? An
Programme theory

- **C1**: Long term condition - preventative (patient call)
  - GP is able to provide advice/reassurance for treatment over the phone
  - Patient treated at home (delays hospital admission)

- **C2**: Long term condition - preventative (GP call)
  - GP identifies a need for preventative intervention

- **GP establishes specific intervention for long term condition (e.g. falls prevention) - delegates to EVS**
  - EVS visits patient
  - EVS workload and job role perceptions

- **GP visits at end of shift: routine/medication/companionship**
  - Patient treated at home (delays hospital admission)
  - EVS visits patient

- **Mechanism**:
  - Familiarity of GP to patient, past patient behaviour, GP workload, GP perception of risk on patient’s condition, ability to delay hospital admission, patient response to EVS

- **C3**: Acute need - requires hospital admission
  - Calls 999
  - Hospital

- **C4**: Acute need - can be seen at home
  - Calls practice - speaks to reception
  - GP calls patient - triage

- **Mechanism**:
  - Familiarity of GP to patient, past patient behaviour, GP workload, GP perception of risk on patient’s condition
Results

804 hits
200 full texts
47 documents

This research is funded by the National Institute for Health Research School for Primary Care Research (NIHRSPCR). The views expressed are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health.
Results

**Contexts**
- Nature of employment
- Nature of implementation
- Nature of (perceived) patient needs

**Mechanisms**
- Trust & acceptance
- Risk tolerance (complex case, trained competence, new patient)
- Job perception (skill, responsibility, professional identity)

**Outcomes**
- Patient satisfaction
- GP preparedness to delegate

This research is funded by the National Institute for Health Research School for Primary Care Research (NIHRSPCR). The views expressed are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health.
Challenges

There’s nothing here…!?!?

Task shifting…
Work substitution…

This research is funded by the National Institute for Health Research School for Primary Care Research (NIHRSPCR). The views expressed are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health.
Thank you

Contact: R.Abrams@ucl.ac.uk