The Theory of Change approach is anchored in primary care and its connections, acknowledging limitations and wider influences. Health Services both have a direct impact on long-term goals and opportunities to influence/support access to other resources. Health is the ability to adapt and self-manage. Childhood is a key time to support the development of individual resources, with the family environment being a critical influencer. The long-term goal is to improve health and well-being and not worsen the gap between rich and poor.
Characteristics of effective primary care

Coordinated continuity of health care for with multiple health problems.
Arrangements and resources reflect the epidemiology of multimorbidity, including earlier onset in deprived areas.
Approach focusing on respect, relationships and trust.
Neediest/most complex patients have sufficient time for consultations.
Effective team working with a range of critical services (social work, mental health, addictions, child health).
Practices and patients are connected with community resources for health.
Services and arrangements address the needs of vulnerable families.
Effective serial encounters and productive use of long term relationships are supported.
Training and leadership development within and between practices.
Protected time for practices to share experience, information, learning and activity.

Desired outcomes

People are supported to live well.
Complications are prevented or postponed.
Use of emergency care is reduced.
Severity and progression is reduced.
Increased individual control and decision making
Improve access to appropriate services
More engaged families
Increased continuity

Possible measures

CARE measure
Wellbeing / mental health scores (e.g. WEMWBS)
Measures of continuity
Service use in all settings
Team effectiveness evaluation
Care measures?
Patient views
Access

“Measurement for learning not just payment”

Barriers

Fragmentation / complexity in teams and local services
Resource / inverse care law
Contract approach tick box “control”
Not measuring high value
Stress and burnout
Six themes

- Joined up primary care team
- Discrimination
- Multi morbidity
- Vulnerable children and families
- Resources
- Relationships, Serial Encounters, Continuity

For each of these – work in progress, but not comprehensive / achieving overall outcomes
Some areas where we need to know more

**Joined up primary care team**
- Roles, responsibilities, working arrangements
- Cost effectiveness

**Resources**
- Inverse care law
- Impact of additional resource on inequalities and outcomes
- What should resource be spent on?

**Discrimination**
- Use of services by equality groups, service users experience barriers to access

**Multi morbidity**
- What works?
- Disease specific approaches vs multi morbidity
- Approaches to multi morbidity with mental health
- Biopsychosocial approaches
- Impact of primary care vs secondary care approaches
- Lifestyle/behaviour change

**Vulnerable children and families**
- Primary care role/Key connections & linkages

**Relationships, Serial Encounters, Continuity**
- Impact
- Evidence based approaches
- Use of time
- Cost effectiveness

**Research**