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S s ainabili and legac of he PICP Phase 2 pilo s

2.1

2.2

The current status of the service

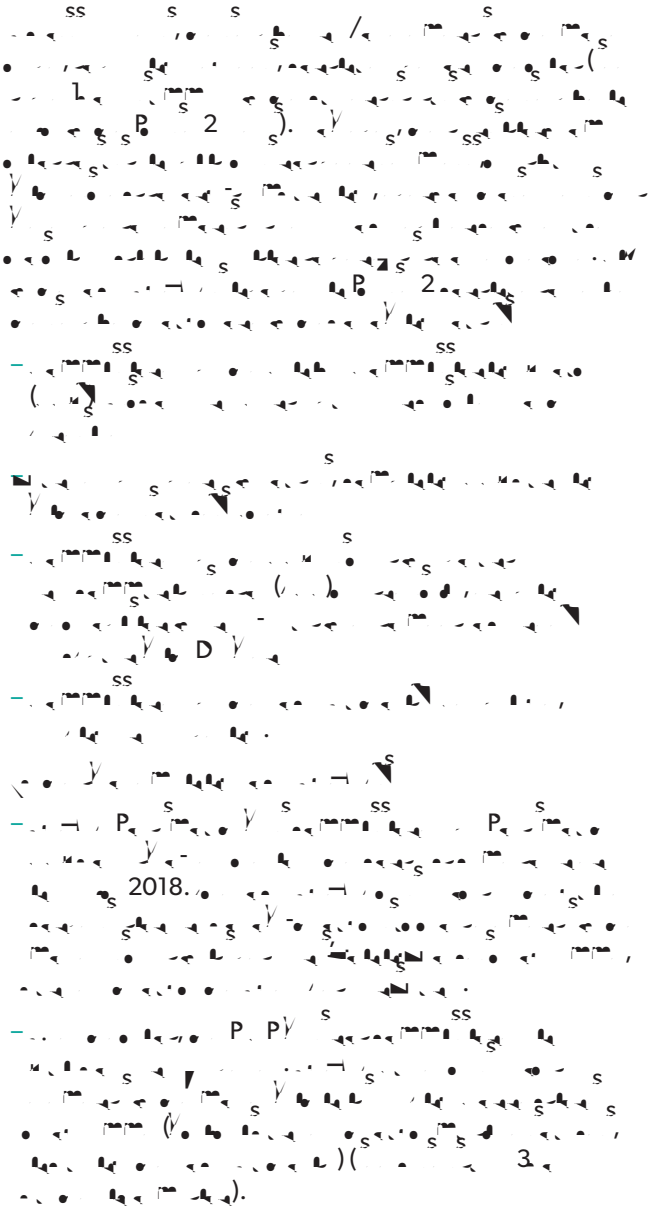


Table 1: Summary of the current status of the PIC service across the Phase 2 areas (continued on the next page)

Phase 2 area					

2.2.4

Capturing evidence of impact

– **Portsmouth:**

– **Lancashire:**

2.4

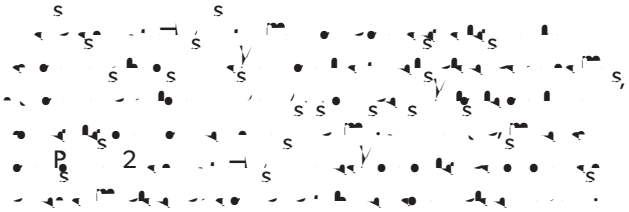
The wider legacy of being involved in the PICP

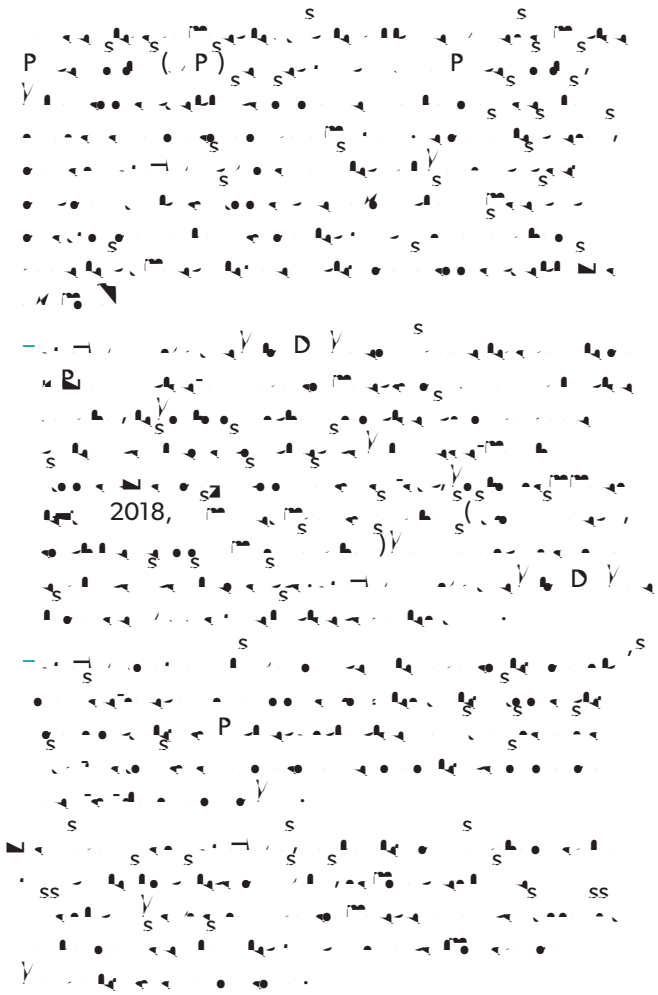
"Having a seat around the table is the starting point, but going with evidence and being able to show what we can contribute certainly helped us to get where we are now faster – being part of the PICP made that possible."

– Age UK Blackburn with Darwen

"The funding meant we could have a full team working on the programme across the city. That made it easier for others to experience what we were doing and to see what we can achieve at scale. When you have a little pot of funding from here and there, it's harder to do that. Being part of the PICP also gave us some tools to help develop a shared language with our health and care professionals – and to create a dialogue through which we could better understand how to tailor the service to GPs' needs."

– Age UK She□eld





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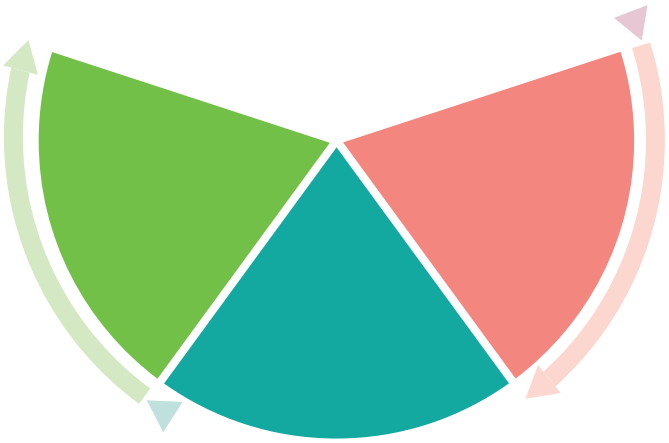
3.1

What factors could be influencing the observed impact of the PICP on hospital activity and costs?

Figure 1: Potential factors influencing the impact of the service on hospital activity and costs



3.1.1

Measuring the impact of implementation rather than that of a stabilised model

Footnote

12

13

3.1.2

Identifying and responding to unmet need

"The [PICP] services may be identifying unmet need in the client groups, which manifests in greater use of hospital care. This might be to the ultimate benefit of the older people in the longer term."

14,15

3.1.3

4

Concl sions and lessons learned abo spreading and scaling he model

4

Concl sion and lessons learned abo spreading and scaling he model

4.1

Conclusion

Footnote

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21

4.2

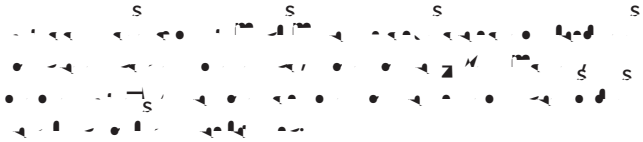
Lessons learned about successfully spreading and scaling innovation

1

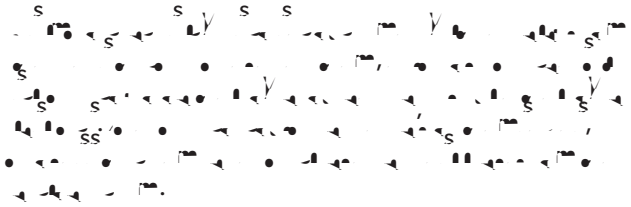
It's about being adaptable rather than replicable, and flexible rather than rigid

Each new place is di erent – a cut-and-paste approach based solely on what has worked elsewhere is rarely, if ever, e ective.

Inevitably, knowing which aspects of the model can be adapted and which must stay the same in order to achieve the desired impact can be a di cult balancing act.



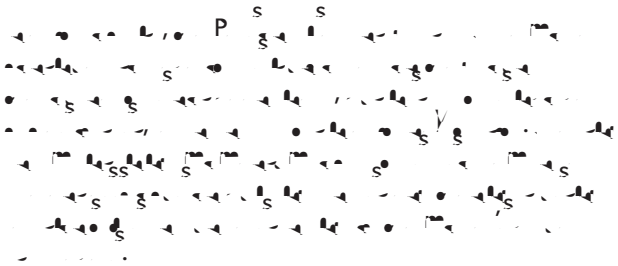
Sharing on-the-ground experience from one place does not guarantee that mistakes made there won't be repeated elsewhere – and that can be a positive thing.



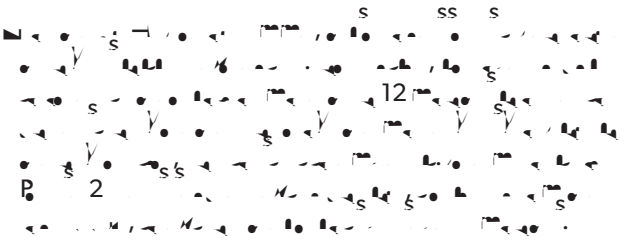
2

Adaptability and flexibility continue beyond co-design – factor in the time and e□ort needed to stabilise the model in the new localities

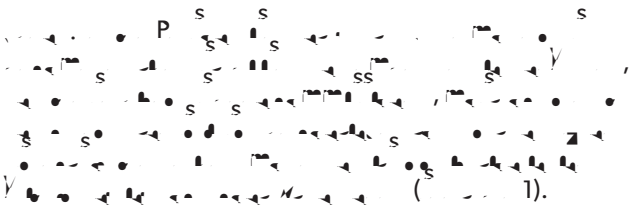
Well a er the initial launch of a pilot, hard work is required to continually fine-tune the model.



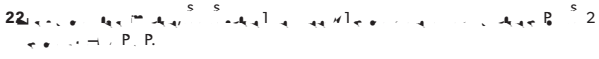
Even with strong co-design, refining and stabilising delivery of an adapted model on the ground takes time.



Maintaining adaptability and flexibility is essential, given that local systems and contexts are constantly evolving.



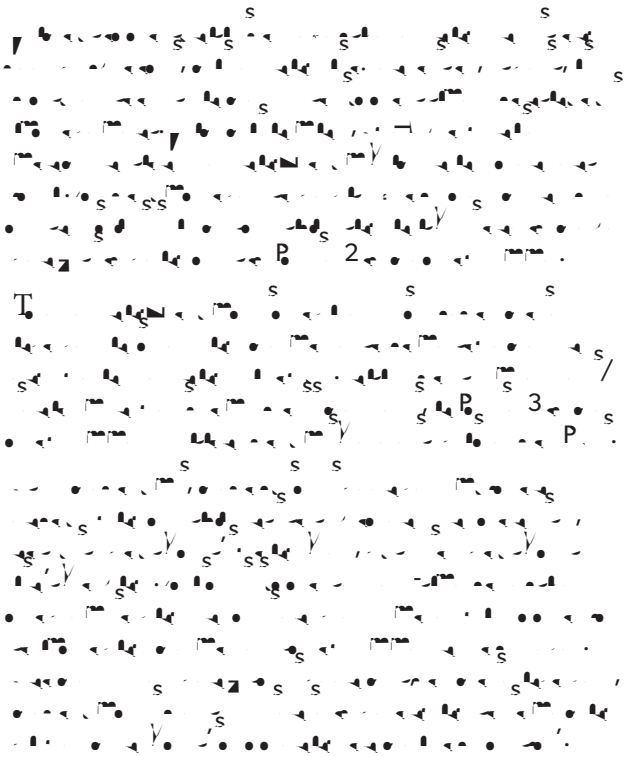
Footnote

22 

3

Creating opportunities for reflective learning and strong feedback loops is essential

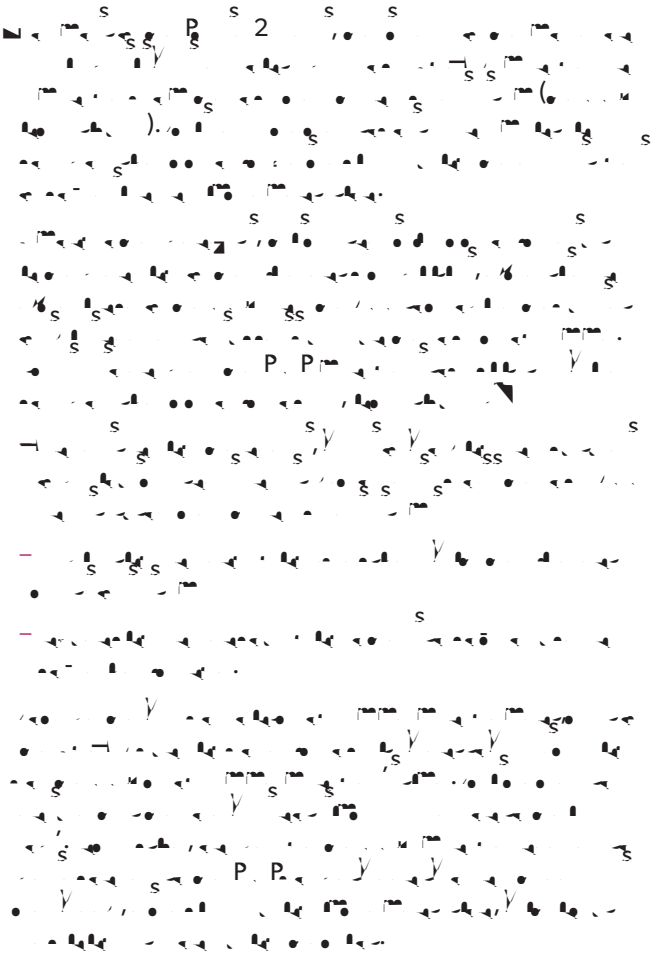
One of the keys to success is the capacity to learn about patterns of change and insights that emerge on the ground as new practice unfolds and is subsequently adapted.



4

Encourage collective leadership at all levels to avoid dependency on any one organisation or individual

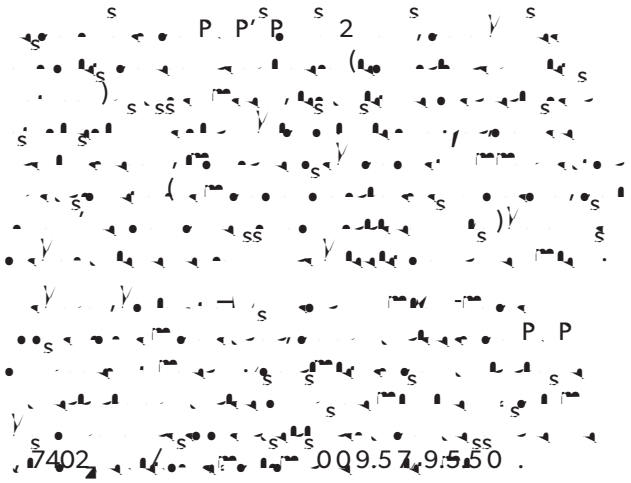
Involving leaders from across the system and who are able to lead when they are not in charge, as well as when they are, is necessary to get a 'new' model o the ground and to make it stick.



5

Multiple factors help to create the conditions to support sustainability of service in a new patch

Demonstrating the di erence any new service is making to its target cohort and to the system locally along the journey is a must if the model is to be adopted.



Yvonne Fullwood, PhD

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