



ASSESSMENT TITLE

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I acknowledge that this portfolio is mine, and I have use Microsoft Editor for Spelling and grammar

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1. Abstract

- **Introduction:** This study examines the efficacy of integrated care models in lowering preventable hospitalisations in patients over 65 with chronic illnesses in light of the UK's ageing population and the NHS's capacity problem
- **Methods:** A review and comparative analysis of three strategic interventions was carried out: Frome's community model (retrospective cohort), the CHIP program in South Sefton (time series analysis) and the Vanguard national models (quasi-experimental difference-in-differences design)
- **Results:** Emergency admissions were significantly reduced as a result of the interventions: 14% in Frome, 19% in the CHIP program, and 4.2% at Vanguard residential care facilities (ECH). The utilisation of social and community support networks, advanced care planning, and the integration of particular clinical procedures were all necessary for success. However, it took up to three years for general population models to yield meaningful results
- **Conclusions:** Integrated care models are effective in lowering the growth in hospital admissions when applied to vulnerable and targeted groups, such as elderly individuals with chronic diseases. Success requires a multidisciplinary strategy, grassroots leadership, and a long-term implementation horizon (three to five years) since major benefits often become evident from the third year onwards
- **Keywords:** Integrated care, NHS, emergency hospital admissions, Elderly Patient, primary care satisfaction, community development, Chronic Conditions, population health

2. Introduction

Due to an ageing population that is creating more demand than emergency services can handle, the National Health Service (NHS) in the United Kingdom is experiencing a historic structural crisis. Reducing hospital admissions of older individuals with chronic diseases inside the NHS has been the system's strategic aim in this regard. Preventative and community-based strategies that maximise public investment and lower morbidity in people over 65 must replace the hospital-centric model. However, there is still much scientific and political disagreement over these models' viability and capacity to have a significant long-term influence on hospital operations.

2.1 Definition of main concepts

The Vanguard Models of NHS England, the CHIP program for bettering care in Sefton and Southport nursing homes, and the Frome Model for population health and support networks all

concur that changing the healthcare system to an integrated, community-based care models is crucial to reducing the rise in emergency hospital admissions (National Audit Office, 2018).

2.2 Key Observations

- The most economical option was the Frome program, which achieved significant savings through social integration (NIHR Evidence, 2020).
- Thanks to telemedicine, CHIP program reduces transfers by nearly a fifth, making it the most effective in immediate technical management (Giebel, 2020).
- Vanguard program shows that the outcome are more subtle and need time to develop before they become apparent on a wide scale (Morciano et al., 2020).

2.3 Rationale of the research

- **Somerset's Frome Model:** This study predicates on the idea that hospital admissions for older people with chronic disease in the UK still on the rise, despite measures intended to move care to the community. In order to defend their research, the authors point out that there is not solid evidence or proof that the systematic measures being used now have been able to permanently slow down this tendency. According to their theory, a multifaceted intervention that combines individualised primary care with the creation of community support networks is necessary to have a significant impact, while care planning alone is insufficient (GOV.UK, 2023).
- **South Sefton CHIP Program:** The high frequency of ER visits by residents of care facilities with chronic illnesses, which leads to a high proportion of hospital admissions that are frequently preventable, justifies this investigation. The dangers associated with hospitalisation for older persons, including loss of mobility and confusion, serve as the foundation for the research, according to the authors. In line with the national priority of lowering admissions for elderly patients with chronic conditions and relieving the strain on the ambulance and emergency department systems, the study aims to determine whether an on-site support model (video and midwives) can treat frail patients in their own environment (Giebel et al., 2020).
- **The Vanguard Program:** This nationwide analysis is justified by the necessity of conducting an impartial assessment of one of the biggest pilot programs in English history, which served 9% of the population. The study tries to empirically evaluate which level of intervention the population based strategy or the one specially focused on care homes is more beneficial because the idea of "integrated care" is frequently unclear,

additional, it aims to challenge and reduce hospital admissions for elderly patients with long-term conditions, as well as the political pressure for quick outcomes, contending that structural changes need to be successful (UK Parliament, 2025).

2.4 Review question

To what extent have the new NHS integrated care models (population-based approaches versus care home-specific approaches) achieved an effective and lasting reduction in emergency hospital admissions for older people with chronic illnesses?

2.5 Objectives

In order to make the health system sustainable in the face of an ageing population and to reduce hospital admissions of elderly patients with chronic diseases in NHS

a) Main concepts

- Integrated Care: To prevent treatment fragmentation, primary care, specialists, social services, and the nonprofit sector are systematically coordinated
- An approach known as "Compassionate Communities" or "Community Connectors" uses social capital and organic support systems (friends, family) to enhance mental and physical health while lowering reliance on medical care
- Proactive vs. Reactive Intervention: A paradigm change in which the system finds residents of nursing homes or individuals at risk before a crisis arises, instead of waiting for them to contact emergency services
- Vanguard Models: New care model prototypes in England (such PACS, MCP, or ECH) intended to test various integration strategies at the institutional or population level

b) Current Policies, Services, and Strategies

- **The NHS Long Term Plan (2019)** is a framework policy in England that prioritises community-based care and aims to apply the lessons learnt from "Vanguard" locations statewide (Tracy et al., 2025).
- **Delivery Models:**
 - ECH (Enhanced Health in Care Homes): Vanguard ECH and CHIP provide advanced clinical support in care homes to prevent needless transfers
 - MCP/PACS: Models that manage the health of a whole community by integrating general practitioners with hospitals and social services (Tracy et al., 2025).
- **Technology strategies:** include using digital triage and video conferencing to connect carers with specialised clinicians around-the-clock for urgent consultations in assisted living facilities
- **Legislation and Funding:** The system has developed into a paradigm where funding is frequently contingent on performance criteria, such as a decrease in admissions, while research indicates that this may be detrimental if necessary in the near future (Tracy et al., 2025).

c) Suggestions for upcoming studies and procedures

- Adopt a long-term strategy: Annual success evaluations should be abandoned by health authorities. It takes a minimum of three to five years for health and social care practices to stabilise and show significant savings
- Concentrate on vulnerable populations: Give residential care institutions first priority when implementing ECH-type models because they provide the best return on investment and the quickest reduction in ER traffic
- Integration of the voluntary sector: Community health workers and referral systems to local resources (like the Frome directory) must be included; do not restrict "integration" to physicians and nurses
- Examine the effect on quality of life: Future studies should include patient well-being and carer satisfaction in addition to cost or bed savings—metrics that are frequently disregarded in conventional administrative analysis

3. Background

The National Health Service (NHS) is primarily responsible for providing care for the over-65 population with chronic illnesses in the United Kingdom. To address the rise in emergency hospital admissions and the ensuing financial burden on the system, the NHS has implemented important strategic policies like the Five Years Forward View (2014) and the NHS Long Term Plan (2019). By encouraging tight cooperation between general practitioners, social agencies, and the volunteer sector, these legislative principles support an integrated care model that seeks to move treatment from expensive hospital settings (secondary and tertiary) to the community and care homes (NHS England, 2016).

Initiatives like the Vanguard program and social prescribing programs have emerged as key pillars for proactively managing vulnerable populations within this framework, aiming to reduce the rise in needless admissions through a preventive, local, and person-centred approach (NHS England, 2026).

Both population-based and nursing home integrated care models' efficacy in lowering hospital service use was assessed and contrasted. Administrative data on monthly emergency admission numbers and duration of stay were examined at the area level using a quasi-experimental difference-in-differences method (NIHR Evidence, 2020).

4. Methods

4.1 Comprehensive Analysis of the Intervention in Frome

This research employed a retrospective cohort approach to evaluate a multifaceted intervention that combined the medical “Home of Care” approach with a “compassionate communities” framework in Somerset. Data collection was based on the official Hospital Episode Statistics (HES) registry, which covers all unplanned admissions. Unlike other models that rely solely on risk algorithms, the Frome initiative used clinical judgment and social recommendations as tools to identify vulnerable individuals, enabling any healthcare professional to recognize at-risk individuals or patients based on their intuition rather than solely on their intuition rather than solely on medical diagnoses. The statistical analysis employed general linear regression models to analyse the population in comparison to the rest of the country, making quarterly adjustments to eliminate seasonal variations. From an ethical standpoint, the project adhered to rigorous data anonymization protocols, and since it focused

on assessing enhancements to existing healthcare services using secondary data, it was concluded that external ethical approval was not required. The effectiveness of the model was attributed to the dismantling of organizational barriers and recognizing community support as an integral clinical element of the health team (Teggart et al., 2023).

4.2 Methodology, statistical analysis and ethical framework of the evaluation of the CHIP program

This study looked at the CHIP program at 32 residential homes in South Sefton, northwest England. Data was collected using standardised administrative indicators (KPI) for emergency calls, hospital transfers, and video consultations acquired from contracted health providers. This data comprised the total number of 999 calls, hospital transfers, video centre activity, and after-hours medical visits across South Sefton's 32 care homes. The data was analysed using a time-series approach with run charts, which allowed for the discovery of changes in the median and the removal of seasonal variability after the program was implemented. In addition, non-parametric Mann-Whitney tests and correlation analysis were used to statistically support the reported decreases in calls and transfers. Finally, ethical considerations determined that approval from an ethics committee was not necessary, because the study consisted of a secondary analysis of previously implemented service management data, ensuring total anonymity of the system by not including individualised information or clinical characteristics of the residents (Withers et al., 2024).

4.3 Quasi-experimental methodology and ethical rigor in the national evaluation of Vanguard models

This study assessed the impact of Vanguard models in England by collecting monthly administrative data on emergency admissions and hospital bed days from the NHS. Data analysis was based on a difference-in-differences design with fixed-effects models, allowing for comparison of the outcomes at the intervention sites against a control group after validating the assumption of parallel trends. Regarding ethical considerations, the use of aggregated and fully anonymized secondary data enabled an independent evaluation of public policy without compromising individual patient privacy or requiring direct clinical interventions (Fowler et al., 2020)

5. Results

The three articles analysed evaluate various healthcare integration strategies in England aimed at optimising the use of hospital resources. They employ robust methodologies such as

retrospective cohort analysis, time-series analysis, and a quasi-experimental difference-in-differences design. They highlight the success of Frome's model in Somerset, where a population of 28,510 experienced a 14% reducing in emergency admissions thanks to combination of proactive care and community support networks. This contrasts sharply with the 28.5% increase seen in the rest of the county (Abel et al., 2018).

On the other hand, the article presented by Giebel focuses on its analysis of the CHIP program in south Sefton. Through the use 24/7 telemedicine and specialized midwives in 32 care homes, this program reduced hospital transfers by 19% and emergency calls by 15.1% validating the effectiveness of technical support in controlled environments (Giebel et al., 2020).

Marciano's large-scale study of Vanguard model, which cover 9% of the English population, reinforces these findings by demonstrating that targeted interventions in care homes are superior to general population-based model, successfully curbing the increase in admissions with a net reduction of 42%. Taken together, the three studies agree that, while integrated care is a powerful tool for reducing costs and avoidable hospitalization, its maximum impact is not immediate and requires a sustained approach over time to consolidate significant (Morciano et al., 2020).

5.1. Summary Table 1 of The Selected Studies

	Article citation	Aim of study	Methods, Sample size and characteristics	Summary of main findings
1	Abel, et al. (2018).	Evaluate the impact of a complex population health intervention - improved primary care + compassionate communities - on reducing hospital admissions	Retrospective cohort study - 28,510 patients - Proactive patient identification, person-centred care planning, and community development.	Decrease in emergency room admissions (14.0%)- 20.8% savings in healthcare costs
2	Giebel., et al. (2020)	Evaluation of the impact of the CHIP program on the reduction of avoidable transfers and hospitalizations in geriatric centres - Quantitative research 9% of the population of UK	Secondary data analysis of an implemented service	Significant reduction in "bed-days" - Hospital transfers decreased by 18.7% -19% - The model proved effective in providing care in the president's own environment.
3	Morciano., et al. (2020).	Evaluate and compare the effectiveness of the Vanguard model of integrated care based on population and residential care.	Quasi-experimental difference-in-differences (DID)	Models in residential care facilities reduced admissions more than those in the general population The program slowed the increase in revenue, especially in the third year.

5.2 Thematic analysis

Topic 1: In stark contrast to the 28.5% increase seen throughout the rest of Somerset, the intervention in Frome resulted in a 14% decrease in emergency hospital admissions and a 20.8% decrease in healthcare expenses. The population health approach that incorporates proactive clinical identification, individuals treatment plans, and a robust community connection through volunteers and social support networks is what makes the program successful. The study indicates that integrating primary care community development is an efficient and long-term way to manage hospital demand, with a return on investment of £6 for every pound spent (Abel et al., 2018).

Topic 2: During its four years operation, the CHIP program in South Sefton reduced hospital transfers for residents of care facilities by 19% and emergency calls by 15%. The implementation of community midwives, a round-the-clock video conferencing system for remote clinical consultation, and the substitution of particular guidelines for common scenarios like falls or dehydration for standard emergency protocols were all crucial to its success. The model showed that it is feasible to successfully manage fragile patients in their homes without the dangers of hospitalization by enhancing staff training and teamwork (Giebel et al., 2020).

Topic 3: Although significant effects take at least three years of implementation, the national research on the Vanguard program suggests that integrated care models, particularly those centred on nursing homes, are beneficial in reducing the rise of hospital admissions. Given that the structural change of the system is a protracted and complicated process, the research warns against expecting an immediate or significant influence on hospital activities in the near future and criticises the push to condition financing on speedy success measures (Morciano et al., 2020).

6. Discussion

6.1 Analysis of the findings in relation to the review question

The hypothesis that integrated care has a varied and strictly time-dependent impact on hospital service utilisation is supported by the analysed results (Morciano et al., 2020). The data show that the impact is much greater in groups with high prior utilisation and complex needs, such as residents of long-term care facilities, where a net reduction of between 4.2% and 6.5% is observed, even though the main goal of these policies is to reduce emergency admissions (Morciano et al., 2020). This result is in line with studies showing that wide population coverage models are less successful than targeted programs like CHIP in reducing hospitalisations for diseases that can be treated out patiently (Benson et al., 2018).

However, the time it takes to see results—which Frome's model associates with the development of robust social networks—indicates that these changes need a crucial "maturation period" (Abel et al., 2018). Recent research showing that major effects in the elderly population may take more than five years to manifest supports the necessity for a long-term strategy (Seamer et al., 2023). Lastly, the absence of a discernible effect on the overall number of hospital bed days implies that, although integration enhances community prevention, it may not always change the clinical severity of chronic patients who eventually need to be hospitalised (Morciano et al., 2020).

6.2 Importance of the Findings for Healthcare and Social Care

With demonstrated outcomes like the 6:1 return on investment of the Frome model or the crisis stabilisation attained by the CHIP program, social and healthcare integration is a structural investment that ensures the system's sustainability by shifting the burden of care towards community-based services. Strengthening on-site clinical capacity, implementing long-term evaluations (three to five years), and, most importantly, putting particular strategies into practice to lower hospital admissions for older patients with chronic conditions through proactive frailty management and advanced care plans in their usual environment are all necessary for this success. By preventing needless transfers, the exponential rise in ER visits is stopped, and the most vulnerable patients are shielded from hazards like infections or confusion,

making healthcare administration more compassionate and person-centred (NHS England, 2023).

6.3 Limitations of the research

The problems that have been observed show a disconnect between the clinical reality of chronic patients and administrative administration. First, the development of particular protocols is hampered by the lack of granularity in the data, which makes it hard to identify which illnesses (such heart failure or COPD) respond well to these models. Additionally, the age group's variety implies that generic solutions are inadequate; more complicated individuals need a degree of personalisation that general population models frequently fall short of

From a metrics standpoint, both coding bias and the time lag effect—where actual benefits take years to manifest—raise concerns about whether the decline in hospital admissions is due to a change in administrative records or an improvement in health. Lastly, the most worrisome limitations are financial sustainability and the omission of quality of life: avoiding hospital admission is not a clinical success if it leads to increased insecurity at home or an unsustainable burden for informal carers, particularly when it depends on temporary funds that might not be renewed (NIHR Evidence, 2020).

7. Recommendations

7.1 Specific Recommendations for future policy and health and social care practice

For the recommendations derived from the Vanguard (ECH), CHIP, and Frome models to be effective in the current UK context, they must be aligned with the 10 Year Health Plan and the Integrated Care Systems (ICS) priorities for 2025-2026. The national focus has formally shifted from hospital to community, from analogy to digital, and from disease to prevention (Department of Health and Social Care, 2023).

To maximize the impact of future integration initiatives, the following strategic lines of action are proposed:

7.2 Prioritization of High-Use Groups (Segmentation Strategy)

- **Focus on Controlled Environments:** It is recommended to prioritize initial investment in senior care facilities and complex chronic care facilities. These environments allow for more agile implementation of on-site clinical protocols and generate clearer returns in terms of reducing avoidable transfers
- **Proactive Identification:** Move beyond purely statistical risk algorithms and incorporate clinical and social judgment to identify patients at risk of decompensation before an acute event occur (Department of Health and Social Care, 2023).

7.3 Establishing Realistic Time Horizons

- **Multi-Year Funding Commitment:** Managers must move away from annual impact assessments as the sole criterion for success. It is recommended to establish funding frameworks of at least 3 to 5 years, as systemic benefits (model maturation) only fully emerge from the third year onward
- **Managing Expectations:** Communicate to stakeholders that the integration aims, primarily, to stabilize the system (curb growth) rather than drastically reduce historical revenue figures (NHS England, 2026).

7.4 Strengthening Community and Technological Capacity

- **Decentralized Clinical Training:** Invest in the training of specialist nurses and clinical pharmacists who work directly in the community or in care facilities, empowering them to manage common acute conditions
- **Digital Support Infrastructure:** Implement 24/7 telemedicine systems and shared clinical records among primary care, social services, and hospitals to ensure that information follows the patient, not the other way around (NHS England, 2026).

7.1.5. Redefining Success Metrics

- **Beyond Hospital Admissions:** Incorporate indicators of quality of life, caregiver satisfaction, and patient well-being. The fact that "bed days" are not decreasing

may indicate that admitted patients are now more complex, which requires clinical efficiency metrics other than simple occupancy.

- Evaluating "Social Value": Measure the impact of integration on reducing social isolation and strengthening natural support networks, factors that, in the long term, determine population health

7.1.6. Local Leadership and Organizational Autonomy

- "Bottom-Up" Models: Allowing solutions to be designed by local teams who understand the specific characteristics of their community. Excessive standardization can hinder responsiveness to specific geographic or demographic needs (NHS England, 2026).

8. General Conclusion

By showing how initiatives like Frome, CHIP, and Vanguard dramatically lower hospital admissions for individuals over 65 through community-based prevention and technology support, this report concludes that the adoption of integrated care models in the UK is a crucial strategy for the NHS's sustainability. However, it takes three to five years for these treatments to mature and have strong outcomes. The study emphasises that models tailored to particular environments, such as assisted living facilities, outperform general population-based strategies. In the end, it emphasises the necessity of steady, long-term support and a reinterpretation of success measures that put system resilience and quality of life ahead of merely immediate cost reductions.

REFERENCES

Abel, J., Kingston, H., Scally, A., Hartnoll, J., Hannam, G., Thomson-Moore, A. y Kellehear, A. (2018) '*Reducing emergency hospital admissions: a population health complex intervention of an enhanced model of primary care and compassionate communities*', *British Journal of General Practice*, 68(676), pp. e803-e810. Available at:

<file:///C:/Users/villa/Downloads/Academic Journal articles/1-Abel.pdf>

(Accessed on 08 April 2026).

Benson, S., Gieve, J., Checkland, K., Gaskell, C. y Sutton, M. (2018) '*Evaluation of the Care Home Innovation Programme (CHIP) in South Sefton: a mixed-methods study*', *BMC Health Services Research*, 18(1), p. 350. Available at: <https://d-nb.info/1209743817/34#:~:text=The%20aim%20of%20this%20study,NHS%20Long%20Term%20Care%20Plan> (Accessed on 11 April 2026).

Department of Health and Social Care (2023) *NHS to expand services to keep vulnerable out of hospital*. [Press release] Available at: <https://www.gov.uk/government/news/nhs-to-expand-services-to-keep-vulnerable-out-of-hospital> (Accessed on 05 April de 2026).

Department of Health and Social Care (2023) "*Shared outcomes toolkit for integrated care systems*" Available at: <https://www.gov.uk/government/publications/shared-outcomes-toolkit-for-integrated-care-systems/shared-outcomes-toolkit-for-integrated-care-systems> (Accessed on 18 April 2026).

Fowler Davis, S., Hinde, S. and Ariss, S. (2020) "Complex programme evaluation of a 'new care model' vanguard: a shared commitment to quality improvement in an integrated health and care context," *BMJ open*, 10(3), p. e029174. Available at: <https://doi.org/10.1136/bmjopen-2019-029174>. (Accessed on 11 April, 2026).

Giebel, C., Harvey, D., Akpan, A. y Chamberlain, P. (2020) '*Reducing hospital admissions in older care home residents: a 4-year evaluation of the care home innovation Programme (CHIP)*', *BMC Health Services Research*, 20(94), pp. 1-7. Available at: <file:///C:/Users/villa/Downloads/Academic Journal articles/2.pdf> (Accessed on 08 April 2026).

GOV.UK (2023) "*NHS to expand services to keep vulnerable out of hospital*" Available at: <https://www.gov.uk/government/news/nhs-to-expand-services-to-keep-vulnerable-out-of-hospital> (Accessed on 24 March 2026).

Morciano, M., Checkland, K., Billings, J., Coleman, A., Stokes, J., Tallack, C. y Sutton, M. (2020) '*New integrated care models in England associated with small reduction in hospital admissions in longer-term: a difference-in-differences analysis*', *Health Policy*, 124(8), pp. 826–833. <https://doi:10.1016/j.healthpol.2020.06.004>. (Accessed on 01 April 2026).

National Audit Office (2018) “Developing new care models through NHS vanguards”. Available at: <https://www.nao.org.uk/reports/developing-new-care-models-through-nhs-vanguards/> (Accessed on 20 April).

NHS England (2026) “Capital guidance 2026/27 to 2029/30”. Available at: <https://www.england.nhs.uk/long-read/capital-guidance-2026-27-to-2029-30/> (Accessed on 20 April 2026).

NHS England (2023) “Maximising the benefits of research: Guidance for integrated care systems” Available at: <https://www.england.nhs.uk/long-read/maximising-the-benefits-of-research/> (Accessed on 20 April 2026).

NHS Confederation (2022) Next steps for integrating primary care: what you need to know. “A summary of Dr Claire Fuller's report on the next steps for integrating primary care” Available at: <https://www.nhsconfed.org/publications/next-steps-integrating-primary-care> (Accessed on 01 April 2026).

NHS England (2016) New care models: vanguards – developing a blueprint for the future of NHS and care services. Available at: https://www.england.nhs.uk/wp-content/uploads/2015/11/new_care_models.pdf (Accessed on 07 April 2026).

NHS England (2022) “Next steps for integrating primary care: Fuller stocktake report” Available at: <https://www.england.nhs.uk/publication/next-steps-for-integrating-primary-care-fuller-stocktake-report/> (Accessed on 01 April 2026).

NHS England (2021) “2.3.i Unplanned hospitalisation for chronic ambulatory care sensitive conditions” Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/february-2021/domain-2-enhancing-quality-of-life-for-people-with-long-term-conditions-nof/2.3.i-unplanned-hospitalisation-for-chronic-ambulatory-care-sensitive-conditions> (Accessed on 24 March 2026).

NHS England (2026) “Providing proactive care for people living in care homes – Enhanced health in care homes framework” Available at: <https://www.england.nhs.uk/long-read/providing-proactive-care-for-people-living-in-care-homes-enhanced-health-in-care-homes-framework/#:~:text=reduced%20ad%2Dhoc%20demands%20on,community%20response%20and%20virtual%20wards> (Accessed on 07 April 2026).

NHS UK (2019) “New NHS plan to help patients avoid long hospital stays” Available at: <https://www.england.nhs.uk/2019/08/new-nhs-plan-to-help-patients-avoid-long-hospital-stays/> (Accessed on 24 March 2026).

NIHR Evidence (2020) “The Vanguard programme to integrate health and social care services took time to achieve its aims” Available at:

<https://evidence.nihr.ac.uk/alert/vanguard-integrated-health-social-care-took-time-to-achieve-aims/> (Accessed on: 07 April 2026).

Office for Health Improvement and Disparities (2022) *Older people's hospital admissions in the last year of life*. Available at: <https://www.gov.uk/government/publications/older-peoples-hospital-admissions-in-the-last-year-of-life/older-peoples-hospital-admissions-in-the-last-year-of-life> (Accessed on: 05 April 2026).

Roberts, S., Eaton, S., Finch, T., Lewis-Barned, N., Lhussier, M., Oliver, L., Rapley, T. y Temple-Scott, D. (2019) "*The Year of Care approach: developing a model and delivery programme for care and support planning in long term conditions within general practice*," BMC family practice, 20(1). Available at: <https://doi.org/10.1186/s12875-019-1042-4>. (Accessed on: 02 April 2026)

Seamer, V., Checkland, K., Morciano, M., Sutton, M. y Stokes, J. (2023) 'The long-term impacts of new care models on hospital use: a synthetic control study', International Journal of Integrated Care, 23(1), p. 12. Available at: <https://ijic.org/articles/6475/files/64df895155ed4.pdf> (Accessed on: 11 April 2026).

Teggart, K., Neil-Sztramko, S.E., Nadarajah, A., Wang, A., Moore, C., Carter, N., Adams, J., Jain, K., Petrie, P., Alshaikhahmed, A., Yugendranag, S. y Ganann, R. (2023) 'Effectiveness of system navigation programs linking primary care with community-based health and social services: a systematic review', BMC Health Services Research, 23(450), pp. 1-35. Available at: <https://www.proquest.com/docview/2815583463?pq-origsite=primo&accountid=130472&RAO=true&sourcetype=Scholarly%20Journals> (Accessed on 10 April 2026).

Tracy, D. K., Lloyd, L. C., Shergill, S. S. y Hanson, K. (2025) '*Integrated care in practice: lessons from three tiers of healthcare provider and commissioner staff in two London Integrated Care Systems*', BJPsych Open, 11(5), e214. doi: 10.1192/bjo.2025.10841.

UK Parliament (2025) House of Commons Library "The implications of population ageing for social policy" Available at: <https://commonslibrary.parliament.uk/research-briefings/cbp-10338/> (Accessed on 24 March 2026).

Withers, K., Pardy, K., Topham, L., Lee, R., Ghanghro, A., Cryer, H. y Williams, H. (2024) 'A long way from Frome: improving connections between patients, local services and communities to reduce emergency admissions', BMC Primary Care, 25, art. no. 307. Available at: https://www.researchgate.net/publication/383200676_A_long_way_from_Frome_improving_connections_between_patients_local_services_and_communities_to_reduce_emergency_admissions (Accessed: 5 April 2026).

