Author’s response to reviews

Title: The Year of Care approach: developing a model and delivery programme for care and support planning in long term conditions within general practice

Authors:
Sue Roberts (sue.roberts@gofo.co.uk)
Simon Eaton (Simon.Eaton@northumbria-healthcare.nhs.uk)
Tracy Finch (tracy.finch@northumbria.ac.uk)
Nick Lewis-Barned (nick.lewis-barned@nhct.nhs.uk)
Monique Lhussier (monique.lhussier@northumbria.ac.uk)
Lindsay Oliver (Lindsay.Oliver@northumbria-healthcare.nhs.uk)
Tim Rapley (tim.rapley@northumbria.ac.uk)
Dawn Temple-Scott (dawn.temple-scott@northumbria-healthcare.nhs.uk)

Version: 1 Date: 11 Oct 2019

Author’s response to reviews:

Dear Dr Barton

Please find our revised submission of The Year of Care approach: developing a model and delivery programme for care and support planning in long term conditions.

We would like to thank the reviewers for their supportive and helpful comments and note that Reviewer 2 made no recommendations for revisions. We have addressed the issues raised by Reviewer 1 in the comments below and have highlighted the amendments and relevant areas in the revised submission. We have checked the references as recommended and amended where necessary.

We look forward to your reply and hope that the amended paper will now fully meet the requirements for publication.

Kind regards

Sue Roberts
Authors’ response to Reviewers with amendments

Reviewer 1 (Michelle Howard)

COMMENT 1
Indicate earlier in the paper who the program targets and provide some context about primary care practice in the U.K., especially in terms of the organization and typical resources. Pg 6 line 124 notes that the program involves 'primary care communities' which is somewhat vague. It was only on pg 8 and onward that I understood the program was undertaken in GP practices which seem to have nurses.

RESPONSE 1
We recognise that this is an important issue and have made the following amendments.

a) We have included ‘NHS’ (page 31, line 640) to the abbreviations, and added an additional paragraph in the background section (page 5, lines 98-101) as follows:

We worked with UK general practices where there is a systematic approach to the surveillance and management of specified LTCs as part of the Quality and Outcomes (QOF) Framework component of the NHS contract, with recent amendments in Scotland. In many practices most of this work is carried out by practice nurses.

b) We have reworded page 7 lines 128-131 as follows.
A steering group including people living with diabetes identified three health communities with diverse demographic characteristics and between 8 and 43 general practices via a competitive process; and funded project managers for one year, to support development.

COMMENT 2
Consider indicating that the setting is primary care or GP practices in the title of the paper

RESPONSE 2
We suggest the title (page 1, line 3 and page 4 line 64) should now read:
The Year of Care approach: developing a model and delivery programme for care and support planning in long term conditions within general practice.

COMMENT 3
Provide further information on the resourcing of the YOCP team for other jurisdictions who are considering adopting this model.
What are the recommendations for creating this capacity?

RESPONSE 3
We understand why those in other jurisdictions might be interested in this.
We have omitted a sentence
‘The nature and organisation of this is discussed below when looking to the future’.
and replaced it with two new paragraphs describing our experience of successfully transferring our model to other jurisdictions (page 25 lines 523-544) as follows:

Clarity around the core concepts of CSP and the components of the walls and roof of the House has enabled us to support reliable delivery outside the UK where the contextual elements reflected in the
floor, including population characteristics, funding and organisational arrangements may be very
different. Our successful joint work with teams in Singapore and Jersey where there are private and
insurance based health systems illustrates some of the practical issues which may be of interest to
others who wish to introduce this way of working.

The key drivers In each case were the strategic fit with local aspirations for greater involvement of the
public in their own health and healthcare and local leaders who had serendipitously engaged with the
programme experientially and were personally confident in the approach. Via direct contact with the
YOCP team we were able to transfer the philosophy, ideas and expertise to initiate and build local
capacity. The issues of large numbers of people with diabetes and the temptation to modify core
elements of the model to fit traditional local systems, roles, mindsets, specialist sites of care and
incentives had to be worked through. Arrangements for each element of the programme including
preparation, the new style of conversation and commitment to support for self-management were
challenged and addressed to maintain fidelity to the core principles. This resulted both in effective new
pathways and local leaders and facilitators who understood the new way of working and were
committed and supported to taking forward high-quality implementation and spread. Local health
communities provided funds to support this transition work, free up local teams to take part and support
long-term maintenance and quality assurance.

We have already described the funding arrangements for the YOCP team in the UK on page 8 line
166/167
‘Training and Support’ team offered sites a package of support to purchase at cost.

and page 32 line 661/662.
The Year of Care Partnerships is a non-profit making team which covers its costs (salaries, travel,
development) from the organisations it works with.

We describe the core elements that need resourcing for effective implementation on page 28 line 587 / 588
‘The extra resource needed to introduce and embed CSP including time, effort, training and
facilitation…..’.

Reviewer 2 John Furler
No revisions suggested.
We thank Reviewer 2 for these very supportive comments.