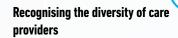
## Learning points from scaling up of innovations for multiple long-term conditions in Primary Care

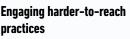


When introducing innovations, consider the diverse needs of the MLTC population, including younger individuals and those with atypical combinations of conditions. Ensuring broad and inclusive access requires proactive planning and adaptation to improve accessibility and effectiveness.



New care models, and the distribution of care within multi-disciplinary teams means there is a need for flexibility in identifying which groups of healthcare providers or staff to engage with, the points of engagement, and the design and delivery of intervention packages.

Extra effort may be required to include underserved or underrepresented practices, such as those in rural or resource-constrained settings, to ensure inclusivity and equity. Locality based outreach and engagement strategies, including connecting with local networks, can help in identifying such providers and facilitate tailored support.



#### **Committing time**

Committing time to implementation work that is relational and social is important. Aim to establish continuing engagement with key actors who can offer support and advocate for your work over the long term. Network building is especially important given the current dynamic climate of reorganisation and re-structuring.



Being aware of varied

essential to collect diverse outcomes that reflect the priorities of all stakeholders, including researchers, policymakers, and patients, as each group may define 'success' differently. An inclusive approach to outcome measures helps ensure comprehensive and meaningful insights into an innovation's impact and contextual relevance.

#### Sending clear messages about value

Practices under significant strain must prioritise high-value interventions. Evidence indicates that efficiency improvements and resources like handson implementation support can be more effective in promoting engagement than financial incentives alone.

#### Being sensitive to tension between form and function

Adapting interventions to local contexts can enhance their uptake. However, tailoring interventions based on specific organisational knowledge may conflict with maintaining research fidelity and the ability to generate scalable knowledge about implementation. Balancing fidelity and adaptation is crucial for effective implementation.

#### Being aware of the potential impact of local software

Be mindful that there are several practice management software packages available to practices, and that preferred software may change. The impact of different software configurations/versions on data quality and/or on innovation functionality can be difficult and time consuming to resolve.

### Keeping momentum and engagement

Communication is critical, as implementation projects often take longer than planned. For example, the time between initial engagement, getting approvals in place, and starting implementation activity is often protracted. Iterative approaches and ongoing real-time feedback loops can help keep stakeholders engaged when momentum drops.

# additional resources to support implementation

Identify and build on existing networks, formal and informal. Explore how NHS infrastructure like ICBs, AHSNs, PSCs, and other quality improvement initiatives might support large-scale implementation in local areas. Think about whether longer-term support might be needed, and how this could be arranged.











Building on existing infrastructure and networks for