

# United Kingdom: A Case study

## Inter-professional Team-based Care for Chronic Complex Illness

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# Context

- Payment Systems
  - General Medical Services (GMS)
  - Primary Medical Services (PMS)
- Pre & Post 2004 – New Contract
  - 25% pay for quality + >50% mangt of chronic disease
  - “...created financial incentives for primary medical care provider organisations to discover and select an efficient team-based model that meets the pay-for-quality targets at least cost” (P34)

# Impact of New Contract

- *“..larger teams with greater role differentiation among team members” (p35)*
- *“Employ nurses to perform chronic disease management to earn organisations pay-for-quality payment” (p35)*
- *“...practices that employ more nurses perform better in a number of clinical domains measured by the Quality and Outcomes Framework”. (p35)*

# Conclusion

- *“...skill mix changes need to be organised so that health professionals' roles are complementary” (p36)*
- *“There is no evidence that team-based care reduces costs”. (p36)*
- *“...new set of financial incentives for primary care providers in the UK provides a powerful financial and reputational incentive for organisations to find the right team composition and size.” (p36)*