



# A review of lessons from previous initiatives to improve patient flow and shift care from hospitals to the community – overview report

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*The issue:* Current government policy seeks to shift care from hospitals to communities.

This has been a longstanding aim – so there is scope to learn from previous attempts to shift care.

## Our approach



Policy roundtable to gather practical and experiential learning



Review of previous policies



Rapid evidence review

*Findings:* 'Shifting care' is a laudable aim, but is unlikely to be realised unless we learn from previous attempts and do things differently this time round. This includes:

1. **Being clear on outcomes** (so everyone agrees what success would look like and is clear about why what's proposed is the best way to achieve these aims)
2. **Moving beyond pilots** and working at sufficient scale – otherwise little will change
3. Having a detailed and realistic **plan for implementation** – this has often been lacking in previous attempts to shift care
4. **Aligning wider policy**, incentives and enablers – shifting care will only be possible if everything is lined up in support of this aim
5. Making sure we have the right **leadership skills** – these are often taken for granted, and we don't always 'do change' well
6. **Getting the right people involved**, including people and communities, the voluntary and community sector, general practice, social care, public health and local government
7. **Intervening early and understanding who needs the most support** – other countries seem to do this better and we could do more to target those people who might benefit the most
8. Including **people with dementia**, and focusing on living well rather than just on people's condition
9. Scope to **learn from others** – across the four nations, from other sectors and from other countries
10. Harnessing **new technology**, but seeing this as a cultural rather than just a technical challenge