Vertical integration of GP practices with acute hospitals in England: a rapid impact evaluation

Aim

An initial study in 2019/2020 found that a major driver of vertical integration is to sustain the provision of primary care locally by keeping general practices open. Vertical integration was expected to lead to better management of patient flows to hospitals and better integrated care for patients.

The 2022 study presented here is a follow-up to analyse in more detail the impact when general practices and hospitals are run by the same organisation.

What is vertical integration?

In the NHS, GPs and other practice staff provide general (primary) medical care locally and act as gatekeepers, referring patients on to specialist (secondary) care where appropriate. Usually, general practices are run independently of hospitals. But '**vertical integration**', where hospitals run general practices, is an innovation being tried in a small but growing number of places in England.

What did we investigate?

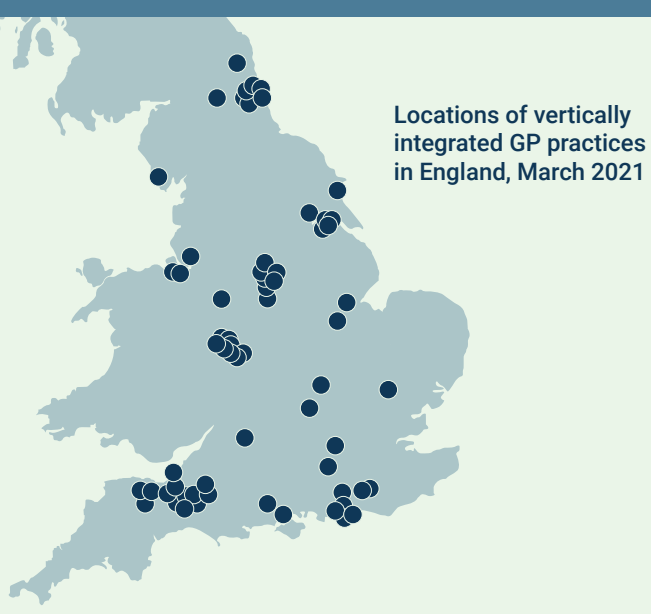
1. How many and where are general practices being run by hospitals?
2. How much does vertical integration affect patients' use of hospital services – and is the impact different for people living with multiple long-term conditions compared to other patients?
3. What impact is vertical integration having on patients' experience of care – and is that different for people living with multiple long-term conditions?

Methods

- Review of NHS trust annual reports and published information on general practices
- Analysis of national data on hospital activity 2 years before and after the date of vertical integration in each case
- Analysis of national GP Patient Survey data on patients' experience of care delivered by general practices
- Focus groups and interviews with staff and patients across 3 case study sites

What did we find?

- 26 trusts were in vertically integrated organisations, running 85 general practices across 116 practice sites, as of March 2021
- Locations were spread across England in both rural and urban areas
- On average, vertically integrated practices are smaller – have fewer patients and GPs – than other general practices



Locations of vertically integrated GP practices in England, March 2021

Vertical integration is associated with statistically significant, modest reductions in rates of use by patients of some hospital services, with no difference between patients with or without multiple long-term conditions:

3%	5%	2%	1%	no impact
reduction in the rate of emergency admissions to hospital	reduction in the rate of emergency readmissions to hospital	temporary fall in the rate at which patients attend A&E departments	temporary fall in the rate at which patients have hospital outpatient attendances	on length of stay in hospital, overall inpatient admissions or inpatient admissions for ambulatory care sensitive conditions

The falls we found in A&E and outpatient attendance rates may not be sustained in longer term follow-up: although on average rates were lower after vertical integration they then grew more quickly during the 2 years of follow-up after vertical integration compared with trends in control practices

- Analysis of national GP Patient Survey data over 10 years shows little impact of vertical integration on patient experience – although continuity of care did become slightly worse relative to other practices
- Interviews with staff and patients confirm that vertical integration remains one model of integrated care that can help general practices to remain open
- Patients with multiple long-term conditions continue to encounter 'navigation work' choosing and accessing health care provision, with diminishing continuity of care

Overall conclusion

Vertical integration **can benefit some general practices and some secondary care providers** but our analysis **does not indicate a case for its widespread roll-out**

BRACE Rapid Evaluation Centre

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