Step 5: Barriers to implementation

Consider the barriers to implementing a UCR model with the ambulance / service provider service

- Clinical governance arrangements and risk sharing
- Complex commissioning / multiple pathways
- IT systems do not communicate with each other – poor access to live clinical records
- System does not have a frailty focused service
- Mindset change to deliver service system wide
- Appetite for risk across the system
- Identification of funding to deliver model
- Perceived impact on broader impact on health and social care systems
- Differing staffing models – not all systems have Consultant Frailty Nurses or frailty services
- Workforce constraints
- Identifying where savings and capacity is released
- System culture and attitudes
- Patient / family perception
- Integration across all systems historically challenging
- UCR planned response disjointed
- ICS vision not aligned across ambulance geography
- Ability to share baseline and share data across organisations and the system
- Identifying where savings and capacity is released
- Complex commissioning / multiple pathways