According to Cameron et al. (2013), until recently, research surrounding care partnerships had focussed almost solely on the process of integration rather than on the outcomes patients experienced. An outcomes approach is defined as ‘what matters to people using services, as well as the end result or impact of activities, and can be used to both determined and evaluate activity’, and is useful when integrating services and forming care partnerships as it can help to provide a common language and shared purpose across and between services, and with the people using these services (The Scottish Government 2015). There are several levels of outcomes which include personal, project, service, organisational, partnership and national (The Scottish Government 2015). Effective identification of the needs of patients with long term conditions, conducted through effective care partnerships, ensures that the goals of care are mutually agreed across all parties involved in the patient’s care (Reed et al. 2012). A recent Cochrane systematic review sought to identify if and how interprofessional collaboration impacts upon professional practice and health outcomes, which produced mixed results, for example, one study found that daily interdisciplin ary rounds in inpatient medical wards at an acute care hospital showed a positive impact on length of stay and total charges, but a similar study in a community hospital ward found no impact on length of stay (Zwarenstein et al. 2009). A systematic review by Coulter et al. (2015) was conducted to determine whether personalised goal setting through partnerships improved patient outcomes in patients with a variety of long term conditions. It found that personalised care planning, coordinated across different professions, led to small improvements in some indicators of physical health, reduced symptoms of depression, and improved people's confidence and skills to manage their health. Furthermore, an outcomes approach utilising an integrated healthcare team was tested in 14 pioneer sites in England which showed that despite initial difficulties with information sharing, shared goal setting improved concordance and increased knowledge, for example, community nurses felt that through collaboration with mental health colleagues, they had become significantly more aware of indicators of mental health conditions such as depression (Hunt 2014).

Care partnerships are, however, not without related issues and difficulties. Macmillan (2012) identified that there was inadequate time and priority being given to changing the culture of healthcare and joint workforce training and development, which should be mandatory not only in front line staff but also in finance and human resources departments. It has been suggested that the focus on creating new structures and protocols may distract from the true needs of vulnerable service users, a viewpoint shared by the World Health Organisation who