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| Topic: | Policy, strategy and influencing - Qualitative research |
| **Title:** | **A value concept for healthcare: perceptions of physiotherapists working in England** |
| Author(s): | Tolan S. |
| *Institute(s):* | *The Chartered Society of Physiotherapy, London, United Kingdom* |
| Text: | **Relevance:** Value is an international concept informing policy and used to evaluate and design services and systems1. Physiotherapists working in England need to increasingly understand such terms to inform their strategic influencing and advocacy locally, regionally and nationally.**Purpose:** The NHS in England is experiencing unprecedented funding and demand challenges. There are year on year increases in demand whilst at the same time the NHS is being asked to make £22 billion in efficiency savings by 20202. Physiotherapists have a tendency to construct their identity around scope of practice, evidence based practice and intervention tasks3. This may leave little room for the necessary areas of systems leadership, complex business case design and commissioning advocacy. All necessary for a turbulent health economy. Value as a concept for healthcare was first developed in the USA in response to financial and quality challenges1. Value is a progression from quality improvement1, including elements which contribute to sustainability. Quality has a variety of definitions but the NHS definition of quality is agreed to be 'patient safety', 'clinical effectiveness' and 'patient experience'4. Added to 'cost', these are the accepted domains of a value concept for this investigation.**Methods/Analysis:** This investigation used escalating mixed qualitative approaches. Semi-structured interviews were used with a small number of strategic leaders (n=3) to validate the value concept domains following literature review. Five focus groups from different geographical locations and service skill mixes (e.g. managers and clinicians) were used to determine statements associated with the four identified value domains. Three statements for each value concept domain were included in an online survey using the survey monkey commercial tool. These statements were randomised and participants were asked to rank the statements in order of priority for a successful service. Professional body networks, social media and opportunity sampling was used to recruit survey participants. **Ethics:** Research involving NHS staff, who are recruited by virtue of their professional role, do not require ethical approval5**Results:** The survey achieved 184 respondents with no incomplete surveys received. Most respondents rated clinical effectiveness statements as their biggest priority for a successful service. 54.89% of respondents chose a clinical effectiveness statement as their highest priority choice (aggregate mean ranking score of 4.13 with standard deviation of 2.48). Cost related statements tended to be chosen as the lowest priority by respondents (aggregate mean ranking score 8.33) but with the highest standard deviation (3.33). 65.21% of respondents rated cost statements as the lowest priority.**Discussion and conclusions:** This investigation shows a tendency to give lower priority to cost statements which may negatively impact the sustainability of services and advocacy by physiotherapists with decision makers. Of concern, quality assurance statements did not generally score as high priorities with some of these statements scoring weak mean individual score ratings.**Impact and Implications:** Further research and support is needed to ensure that physiotherapists working in England can engage with local health economic aspects of service design and deliver. This would help ensure patient remain able to access high quality physiotherapy when needed.**Funding Acknowledgement:** The author is employed by the Chartered Society of Physiotherapy (CSP). The investigation has been undertaken with CSP members with the knowledge and authorisation of the CSP. 1. Porter, M. (2008). Value-based health care delivery. Annals of Surgery. 248(4): 203-92. NHS England. (2014). Five Year Forward View. London: Crown3. O'Hearn, M. (2002). The elemental identity of physical therapy. Journal of Physical Therapy Identification. 16:4-74. Department of Health. (2013). The NHS Constitution. The NHS belongs to us all. London: Crown5. Department of Health. (2011). Governance arrangement for research ethics committees. London: Crown**Key-Words:** Value, Quality, Cost effectiveness |
| Topic: | Policy, strategy and influencing - Service evaluation |
| Title: | **Valuable Productivity: A multi-criteria decision analysis approach to service evaluation (a UK proposal for service evaluation)** |
| Author(s): | Tolan S. |
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| Text: | **Relevance**: Globally, there is increasing demand for access to health services within cost constrained systems1. Sustainability is dependent on high value and productive services. Physiotherapists need to respond to value and productivity challenges and be able to advocate with decision makers in that context.Purpose: The NHS in England is experiencing unprecedented funding and demand challenges. There are year on year increases in demand whilst at the same time the NHS is being asked to make £22 billion in efficiency savings by 20202. This proposed method aims to make use of value and productivity as service evaluation domains to provide language commonality, reduce stakeholder bias (budget holders versus budget spenders) and contribute to sustainable, high quality health services. This framework also provides an opportunity to support physiotherapists to engage with the health economic context of their services, make high quality service sustainability decisions and strategically influence.**Approach/Evaluation**: Value is defined as cost in relation to quality [outcomes]1. Quality has a variety of definitions but the NHS definition of quality is agreed to be 'patient safety', 'clinical effectiveness' and 'patient experience'3. Added to 'cost', these are the proposed domains in this method for a value concept service evaluation. Semi-structured interviews were used with a small number of strategic healthcare leaders (n=4) to validate the value concept domains following literature review. The NHS has a current focus on operational efficiencies and describes several potential metrics for productivity4. These metrics do not recognise education, clinical supervision or research as 'productive' workforce activity. This has the potential to lead to safety and clinical effectiveness issues by promoting unsafe or quality impeding productivity incentives, e.g. by benchmarking metrics absent of quality domains. Productivity is essential for sustainability but there is a need for it to relate to value domains.**Outcomes:** Multi-criteria Decision Analysis (MCDA) is an alternative to Cost Effectiveness Analysis (CEA) and Cost Benefit Analysis5. MCDA allows the opportunity to include monetary elements but also other contextual elements such as patient experience. This provides a richer picture for strategic decision making. There are several approaches to interpreting an MCDA, the Multi-Attribute Decision Analysis method rates attributes achievement for an evaluation objective5, i.e. an alternative's evaluated criteria performance. Value and productivity domains could be used to form an MCDA framework; 'patient safety', 'clinical effectiveness', 'patient experience', 'cost', 'operational efficiency'.**Discussion and conclusions:** An MCDA 'valuable productivity' framework provides an objective opportunity for healthcare purchasers and providers to evaluate and design sustainable services. Through shared language and conjunctive decision makers, this framework provides an opportunity for increased trust between healthcare stakeholders interested in sustainable service delivery.**Impact and Implications:** Further research is needed to consider score weighting for the proposed MCDA domains. In the meantime, service evaluation is possible through comparison of local and published evidence under each domain within the framework. This can also provide a learning opportunity for physiotherapists around the health economic context of their services.1. Porter, M. (2008). Value-based health care delivery. Annals of Surgery. 248(4): 203-92. NHS England. (2014). Five Year Forward View. London: Crown3. Department of Health. (2013). The NHS Constitution. The NHS belongs to us all. London: Crown4. Department of Health. (2016). Operational productivity and performance in English NHS acute hospitals: Unwarranted variations. London: Crown5. Dionne, F., Mitton, C., MacDonald, T., Miller, C., Brennan, M. (2013). The challenge of obtaining information necessary for multi-criteria decision analysis implementation: the case of physiotherapy services in Canada. Cost effective resource allocation. 11: 11 |

**Key-Words:** Value, Productivity, Multi-criteria Decision Analysis, MCDA