Planning a Service Evaluation – what you need to know

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Service Evaluation

Helen Baxter
Session

- Today’s context
- Why service evaluation is important?
- What is research and what is service evaluation?
- Critical questions to plan a service evaluation
  - What do you want to look at and why?
  - What types of data will you need?
  - What methods can you use to collect this data to inform your service evaluation?
The challenges we face

- **Populations**
  - Integrated care models
    - Co-ordination of care services for defined groups of people (e.g., older people and those with complex needs)
  - Population health (systems)
    - Improving health outcomes across whole populations, including the distribution of health outcomes
    - Improving population health requires multiple interventions across systems

- **Individuals**
  - Individual care management
    - Care for patients presenting with illness or for those at high risk of requiring care services
  - ‘Making every contact count’
    - Active health promotion when individuals come into contact with health and care services

**Focus of intervention**

- Care services
- Health improvement

Source: Alderwick et al 2015a
Policy Direction Acronyms ... what does it mean?

- STP
- ACO
- ICS
Accountable care system (ACS)  Integrated Care System (ICS)

Working in partnership with local authorities, NHS organisations (both commissioners and providers) take collective responsibility for resources and population health.

Combine budgets and share resources to deliver an integrated health system to a defined population.

NHS England states that an ACS needs ‘...an effective collective decision making and governance structure, aligning the ongoing and continuing individual statutory accountabilities of (its) constituent bodies’
STP

The performance of an STP is assessed across 9 domains as follows:

*Hospital performance*
- emergency care
- elective care
- patient safety

*Patient focussed change*
- general practice
- mental health
- cancer

*Transformation*
- demand management
- leadership
- finance.
What are the key themes in STPs?

- **Changing the role of acute and community hospitals**
  - Includes ambitions to centralise some acute services on fewer sites, reconfigure how specialised services are delivered, and in some cases reduce hospital capacity.

- **Redesigning primary care and community services**
  - Includes ambitions to more closely integrate health and social care services, encourage GPs to work together at a greater scale, and deliver a wider range of services in the community.

- **Strengthening prevention and early intervention**
  - Includes ambitions to promote healthy lifestyles, support people to manage their own health, and address wider social factors that influence health.

- **Improving mental health and other services**
  - Includes ambitions to improve care in specific areas (such as mental health) depending on local health needs, workforce and quality issues, and national requirements.

- **Developing organisational arrangements to support STPs**
  - Includes ambitions to develop integrated approaches to commissioning, new contracting models and payment systems focused on care outcomes, and closer NHS and social care collaboration.

- **Developing the enablers**
  - Includes ambitions to develop IT and digital services, such as electronic health records and health apps, and make changes to the NHS estate, such as disposing of unused assets and developing new facilities.

- **Improving productivity and tackling variations in care**
  - Includes ambitions to improve staff recruitment and retention, reduce agency costs, and develop new skills and roles such as health coaching and care co-ordination.

- **Workforce**
  - Includes ambitions to reduce variation in clinical practice and deliver efficiencies in non-clinical services such as procurement and estates.
Evaluation

- The process of determining the value of something.
- Use data to understand what is being evaluated.
- A process undertaken for improvement, decision making, persuasion.

[adapted from Health Foundation, 2015]
Research

- Gain knowledge in a particular field
- Undertaken to prove something

Evaluation

- Assess performance of the service
- Leads to changes that cause improvement

http://www.hra-decisiontools.org.uk/research/
<table>
<thead>
<tr>
<th>SERVICE EVALUATION</th>
<th>CLINICAL/ NON-FINANCIAL AUDIT</th>
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<tbody>
<tr>
<td>Designed and conducted solely to define or judge current care.</td>
<td>Designed and conducted to produce information to inform delivery of best care.</td>
</tr>
<tr>
<td>Designed to answer: “What standard does this service achieve?”</td>
<td>Designed to answer: “Does this service reach a predetermined standard?”</td>
</tr>
<tr>
<td>Measures current service without reference to a standard.</td>
<td>Measures against a standard.</td>
</tr>
<tr>
<td>Involves an intervention in use only. The choice of treatment, care or services is that of the care professional and patient/service user according to guidance, professional standards and/or patient/service user preference.</td>
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</tr>
<tr>
<td>Usually involves analysis of existing data but may also include administration of interview(s) or questionnaire(s).</td>
<td>Usually involves analysis of existing data but may include administration of simple interview or questionnaire.</td>
</tr>
<tr>
<td>No allocation to intervention: the care professional and patient/service user have chosen intervention before service evaluation.</td>
<td>No allocation to intervention: the care professional and patient/service user have chosen intervention before audit.</td>
</tr>
<tr>
<td>No randomisation.</td>
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<tr>
<td>Does not require REC review.</td>
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Why do Service Evaluation?

- Know your service.
- Know how well you are doing (or not)?
- Identify the opportunities for improvement/ transformation.
- Share learning.
What do you want to look at and why?

- **Structures**: The context of healthcare – facilities, equipment, personnel, organisational characteristics, payment models
- **Processes**: Actions in healthcare including those of patients and families
- **Outcomes**: Effects on health status, quality of life, knowledge, behaviour, satisfaction, experience

Maxwell

- Social Acceptability (Humanity) ‘the quality of being human’.
- Effectiveness
- Efficiency (cost/benefits)
- Relevance to need
- Equity
- Accessibility
- Locality
Quadruple Aim

Costs
- Lower costs
- Appropriate spending

Outcomes
- Effective interventions
- Less preventable illness
- Less variance

Patient Experience
- Satisfaction
- Quality
- Trust

Staff Experience
- Professionalism
- Joy at Work
- Recruitment & Retention
High Quality Care for All

Patient experience

Patient Safety

Clinical effectiveness

Darzi, 2008
What types of data will you need and how will you collect the data?

- Qualitative
- Quantitative
- What is currently happening – process maps/emotional maps
- Costs
- Activity
- Stories – patient/families/carers/staff

What data is already available and being collected?
Evaluation

- The process of determining the value of something.
- Use data to understand what is being evaluated.
- A process undertaken for improvement, decision making, persuasion.

[adapted from Health Foundation, 2015]
Undertaking a Clinical Audit

Dr Heather Thornton
Clinical audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change.

Aspects of the structure, processes, and outcomes of care are selected and systematically evaluated against explicit criteria.

Where indicated, changes are implemented at an individual, team, or service level and further monitoring is used to confirm improvement in healthcare delivery.

- National Institute for Health and Clinical Excellence (NICE)

A clinical audit may be part of a service evaluation where there is a concern regarding the quality of care.

A service evaluation may lead to a clinical audit.

A clinical audit may lead to a wider service evaluation.

Examples:

- Access, Waiting times, Processes and procedures, Treatment, Advice Given

You can only audit your own practice!
Clinical audit - must be “To improve clinical care in….”

The topic needs to:

- Be of concern or high risk to staff or users
- Have evidence of a quality issue
- Be potential of deviating from national guidance
- Be a priority to the organisation
- Have data available for measurement
- Be an aspect of care valued by stakeholders
The Audit Cycle – Involve and Feedback

1. Choose Topic
2. Agree / Review Standards
3. Collect Data on Current Practice
4. Compare Data with Standards
5. Implement Changes if Needed
Using or Creating Standards?

Criterion – clear description of care

Target – the percentage to which this should be achieved
Data Collection

**What?**  All standards?  Focus on area of concern

**Who?**  Someone involved and committed

**When?**  Prospective (concurrent) or retrospective

**Where?**  For accuracy collect as near to the point of activity - direct observation or recording – (validity)

**How?**  Often an audit tool is made available with the standards, collect electronically where possible e.g. tablet use google forms
Who to Audit? How Much Data?

Who - Sampling

- Which service users will be included? Who will be excluded?
- Select group based on coded data where possible

How much data?

- Time period - identify likely variation and address this
- Only collect what you need and will use
- Must not be individually identifiable
- Define terms clearly
- Pilot to check inter-rater and intra-rater reliability
Data Analysis – How will you do it?

Summarise – percentage (%), mean or median - do not need statistics

Excel can be used for most audit quantitative data

Look for patterns and outliers

Check if outliers have face validity – may need to check variation

Use Grouping, e.g. bar charts, tables to illustrate findings

Consider data set - what are the limitations? Sampling size, time of collection, person who collected it….
The purpose of doing clinical audit is to improve care. Take action!

Feedback to stakeholders and then they will be willing to participate again.

Feedback and involvement creates a culture of audit being part of normal practice.

Decide when you will go around the cycle again.

Make sure your report is explicit to facilitate re-audit.
The purpose of clinical audit is to improve clinical care.

Clinical audit should be undertaken using the clinical audit cycle.

Standards must be SMART.

Data collection needs to be planned and focused.

Data analysis should be straightforward.

Feedback to stakeholders findings and take action.

Make changes to clinical practice and then re-audit.
Eliciting the Service User’s perspective: Moving from manipulation to leadership

Dr Angela Green
Session

- Terminology
- Extent of service user involvement in service evaluation and clinical audit
- Service user roles
- Reasons for Service User Involvement
- Challenges
- Top tips for Effective Service User Engagement
- Models of service user involvement
- Tools to elicit service user views
Terminology

- Patient
- Patients
- Patient-centred
- Patient-centred care
- Community-based care
- Public involvement relationships
- Leaders
- Person
- Person-centred
- Person-centred experience
- Collaboration
- Service
- Leadership
- Citizen
- Participation
- Involvement
- Design
- Expert
- Lived experience
- Care
- Partnership
Ladder of Participation – Where is your service?

## Extent of participation

Adapted from Hanley, B., et al., 2004, *Involving the public in NHS, public health, and social care research: Briefing Notes for Researchers*, Eastleigh: Involve

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<th>Description</th>
<th>Example</th>
<th>Evaluation</th>
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<tr>
<td>Consultation</td>
<td>Asking views and using these views to inform decision-making.</td>
<td>Questionnaires, surveys, focus groups, feedback from service users.</td>
<td>Simple and safe but no commitment to act on findings.</td>
</tr>
<tr>
<td>Collaboration</td>
<td>Active ongoing partnership with service users.</td>
<td>Service users devising methodology, collecting data, implementing change.</td>
<td>Can be time consuming and expensive. May also require staff to learn additional skills.</td>
</tr>
<tr>
<td>Service user led</td>
<td>Focus of power and decision making is with service users.</td>
<td>Service users lead the project including the topic and methodology.</td>
<td>Can be innovative and provide new information which might not have otherwise been uncovered.</td>
</tr>
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- **User feedback should be formally recorded, reviewed, and responsive actions taken accordingly.**
- **User input should be sought through the entire project, from scoping stages to continuous improvement.**
- **Users require support and training to become proficient in leading healthcare quality improvement projects.**
Service User Roles

Activities in which service users can be involved

- Service design
- Governance
- Recruitment and selection
- Monitoring and evaluation
- Service delivery
- Delivering training
- Communications

Service user involvement (Offender Health Collaborative, 2015)
Incentives

Service

- NHS Constitution. Standard 4: “The patient will be at the heart of everything the NHS does”.
- More likely to identify root cause of problems
- Helps identify the correct priorities
- Staff knowledge and skill acquisition from service users
- Development of user friendly, innovative solutions
- Can improve access to hard to reach communities
- Improves relationships between staff and service users
- Reputational enhancement

Service User

- Being able to use their experiences/time to improve services for others
- Knowledge and skill acquisition
- Gaining experience for a CV or opportunity to obtain a character reference
- Feel valued / Enhanced self esteem
- Social interaction and purpose
- Better health outcomes
Challenges

- Identification of appropriate individuals
- Confidentiality and conduct
- Difficulties in recruiting sufficiently diverse and representative people
- Managing expectations
- Time required to develop relationships and prepare user friendly materials
- Additional cost (expenses, post and printing)
- Empowering service users to contribute to discussions
Top tips

• Obtain expressions of interest from service users/ carers to participate in service improvement and/ or research studies on an on-going basis (remember GDPR!)
• For stakeholder groups, consider people with experience of involvement in other extended team services, or service user groups.
• Have an informal discussion with interested people to ensure that they have recent experience of the service, and have the ability to work within a group.
• It is good practice to have more than one service user involved and to have contingency plans in place in case they can no longer participate.
• As people are giving their time voluntarily, it is important to offer expenses to cover parking costs and carer costs if required (check that payment or hours offered will not impact on any benefit payments). Refreshments, including lunch if appropriate, are appreciated.
• Role description, person specification, agreed behaviour code (for all parties!) and offer of appropriate training
• Respect people’s needs – meeting times and locations have to be mutually convenient. Provision of information in advance of meetings in user friendly language, and offer of pre or post meeting to provide further advice or support.
• Disabled access, toilets and availability of hearing loops can help.
Models: Experience based design

Experience based design. NHS Institute for Innovation and Improvement. (2009)
Models: Co-production

Co-production requires professionals to move from being ‘fixers to facilitators’, giving power to service users (Realpe and Wallace 2010).

Clinicians and patients should meet as mutual experts.

Shared decision-making ➔ Self-managed health and care ➔

Designing services and care pathways.

Service users may need appropriately tailored support to suit their circumstances and to provide the skills, knowledge and confidence to self-manage their conditions. E.g. decision support aids; training; peer support etc.

Models: Co-production

Engages groups of people at the earliest stages of service design, development and evaluation. Co-production acknowledges that people with ‘lived experience’ of a particular condition are often best placed to advise on what support and services will make a positive difference to their lives.

Tools: Patient Stories

• Stories are subjectively told from the point of view of the narrator and therefore the attention focuses on the individual and not the organisation/condition.
• The narrative structure of the story aligns events (time vs. plot) and helps to make sense of the experience.
• Stories are non-linear and are made of a complex network of events, actions, relationships and environments.
• Stories have an ethical dimension that reflects society’s expectations of “good behaviour”.
• Stories are action-oriented and focus on events and actions, and provide insights into what could have happened.
• Stories help bridge the gap between the formal codified space of the organisation (job description, roles, accountability) and the informal unwritten rules and sub-cultures.

Tools:
Goldfish Bowl

One group of learners sit in a circle in the middle while a second group sit in a circle around them. The central circle are the goldfish in their bowl; the outer circle are looking into the bowl. The central circle are involved in a discussion or activity while the outer circle do not participate in the discussion but analyse what the central group report.

The facilitator prepares cards containing criteria for the outer group to focus on. Each person in the outer circle picks one of these cards and makes notes on those criteria during the discussion.

People in the inner circle have a topic or problem to discuss. Each person is encouraged to contribute to an uninterrupted dialogue, for several minutes. Within their discussion the person who’s spoken chooses who speaks next.

Once the discussion has drawn to a close the findings are analysed and a report is prepared of the findings.

More tools

Experience based design. NHS Institute for Innovation and Improvement. (2009)

- Surveys
- Focus Groups
- Observation
- Complaints, claims and compliments
- Diaries and Journals
- Photographs/ photo journals (beware need for consent from other service users)
- Shadowing
- Prompt cards
- Pathway/ process map highlighting emotions at various touch points (i.e. service contact points)
Summary

- It is no longer acceptable to exclude the service user perspective from any service evaluation or service improvement /redesign project.
- Tokenism is to be avoided
- Allow time to form relationships and provide the necessary training and support for service users if required
- Service users come from all walks of life and may have more experience than you!
Workshop
Scenario: You are the manager of a musculoskeletal physiotherapy service in a large teaching hospitals Trust. A recent Care Quality Commission (CQC) well led inspection criticised your service because over the last quarter, more patients failed to attend for their out-patient appointments than the national average and in comparison with your peer group.

You have been challenged with providing an explanation for this discrepancy, and to come up with an action plan that may improve attendance.

How might you go about this……..?
Task 1: What are you evaluating and why?

Consider:

• What’s the rationale, what is you want to know and what do you need to know?

• What is your evaluation aim

• What questions do you need to ask and of whom
Task 2: What are your data needs?

Consider:

• Is this research, audit or evaluation activity?

• What governance checks do you need (who in the organisation do you need to check with).

• What am I evaluating against (what are your known measurable/baseline data – what data do I have already and what do I need to get – how are you judging that data and information)
Task 3: What expertise do I need and who can I draw on?

Consider:

• Who are your stakeholders – who’s involved?

• What expertise do I need to carry this work out (or support from different people to carry out this work)
Useful resources

- Planning a service evaluation

- Evaluation frameworks:

- NICE shared learning case studies:
  - [https://www.nice.org.uk/about/what-we-do/into-practice/shared-learning-case-studies](https://www.nice.org.uk/about/what-we-do/into-practice/shared-learning-case-studies)

HRA defining research table:

Avon Primary Care Research Collaborative have a number of tools specifically for evaluations:
- [http://www.apcrc.nhs.uk/evaluation/methodology.htm](http://www.apcrc.nhs.uk/evaluation/methodology.htm)

Cambridge NHS Trust have adapted the Sheffield CLAHRC guidance on conducting an evaluation. I would welcome your views on its applicability. Whilst it contains a number of useful tables to prompt careful planning and ensure structure, it does not clearly specify where service evaluation and research differ and hence it makes it possible for the clinician to stray into the realms of a research project.