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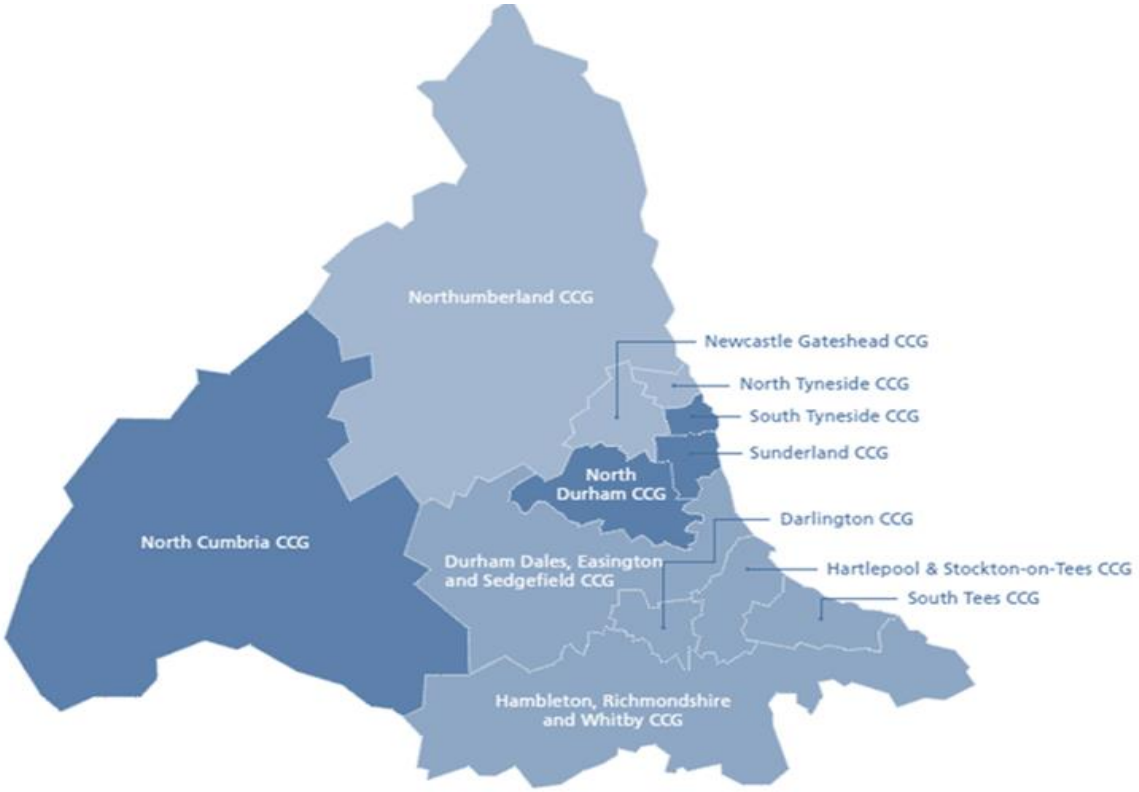
Developing Integrated Health and Care

North East and North Cumbria

Working for people from North Yorkshire to the Scottish Borders

Evaluation Framework: A set of principles, processes and resources

Moving toward an integrated care system for North Cumbria and the North East



Contents

Introduction page 1
Principles page 2
Process page 4
Resources page 8

Appendices

1. **FAQs** page 12
2. **Example of an evaluation plan** page 14

Introduction

NHS organisations across North East and the North Cumbria are working in partnership to coordinate improvements - where necessary across traditional boundaries. Developing and integrating care across boundaries also involves NHS organisations working with councils and the voluntary or charity sector.

Using the name 'integrated care systems' (ICSs), this way of working is evolving. An ICS is not a specific organisation but rather a way of leading and planning care for a defined population in a coordinated way across a range of organisations. For an area to be designated as an ICS, organisations need to demonstrate their commitment and ability to deliver a 'do once' approach for addressing joint priorities and providing services that meet the needs of their population. It is therefore essential to understand whether the resource invested, and the time participants contribute, is making a difference for the people using services.

In order to support this progression towards an integrated system in the North East and North Cumbria, a shared culture of continuous service improvement is essential. This framework aims to support the implementation of evidence based practice across the region. The framework has been developed by the Mental Health Evidence and Evaluation Group and has been informed by the collective membership of this group including representatives from:

- Academic Health Science Network
- Clinical Commissioning Groups
- Expert by experience service user and carer
- NHS Business Services Authority
- NHS England Mental Health Clinical Network
- NHS England Assurance Team (North East and North Cumbria and North of England)
- North of England Commissioning Support (NECS)
- North East Quality Observatory Service (NEQOS)
- Provider organisations – CPFT / NTW / TEWV

1. Principles

1.1 Who is this Framework for?

This framework aims to support health and social care commissioners and provider services (including clinical teams and service managers) to work collaboratively with service users, carers and wider stakeholders to embed the process of evaluation into routine practice.
The need to ensure that limited resources are utilised effectively and efficiently to achieve maximum impact is a key driver, but ultimately the provision of accessible and effective services that prevent ill health and promote well-being is the key priority for both commissioners and providers.

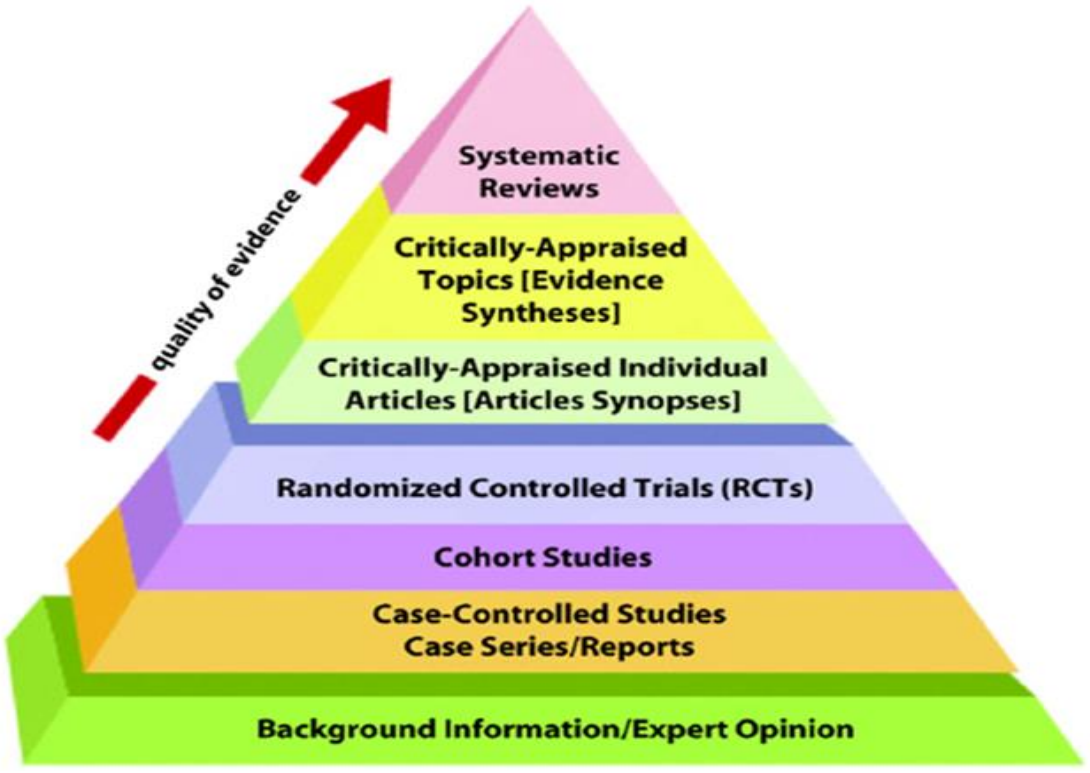
Understanding the current position, clearly describing the rationale for change, agreeing the intervention and assessing whether the desired outcome has been achieved (and how) should be an integral task and standard way of working at all levels of public service.
The process outlined in this document acknowledges the reservations that may prevent evaluation from occurring, and provides ideas and links to address any concerns in relation to resource, capacity or skills.

1.2 How to use evidence to inform your evaluation

➢The classic medical hierarchy

The classic medical hierarchy of evidence is depicted in diagram 1. It orders the range of types of evidence in terms of level of quality—with opinions at the lowest end of quality through to the highest level of quality of systematic reviews which synthesis all the available evidence on a particular topic. Consideration of the level of quality of a particular source of evidence is a critical step in developing an evaluation. However, this hierarchy is specific to the medical context and thus has its limitations for the purposes of evaluation within an integrated health and social care system. For example, it does not include evaluation, monitoring and rigorous qualitative research. It also does not consider how to build evidence for 'natural' studies, where local context is the variable of interest to study, for which a Randomised Controlled Trial (RCT) would seek to control.

Diagram 1



➢ An alternative view of the classic hierarchy

An alternative way to consider quality of evidence is to consider what your line of enquiry is ('what do you seek to know'), and what approach will best help you answer it. It is a 'horses for courses' approach. For example, you may hear local people talking about their observations of an increase in self-harm. These are just individual stories, or 'anecdotes', but it may be worth investigating using a more robust approach, for example, starting with routine emergency service data and following it with an evaluation. While the quality of evidence may fall low on the classic hierarchy, this can nonetheless be an important source of information that could have a role to play in the future process of gathering intelligence.
It should also be noted that an RCT or systematic review may not be feasible—or even appropriate—to most practice-based evaluations. It is therefore essential to decide "what is good enough" for the purposes in terms of the evidence that is available, what the evaluation aims to achieve and in what timescale.

1.3 What makes for a good evaluation?

In summary, a good evaluation is like a recipe with a variety of ingredients including, for example, online tools, local experts and access to training programmes.

- **All initiatives should be evaluated—if we truly want to realise transformation**

2. Process

2.1 What is an evaluation?

➢ Definitions of evaluation

"A study in which research procedures are used in a systematic way to judge the quality or worth of a service or intervention, providing evidence that can be used to improve it" West of England Evaluation Strategy Group, 2013.
http://www.nhsevaluationtoolkit.net/what-is-evaluation

Definitions for evaluation have a common theme of 'judging or comparing the merit or worth of something.' Evaluation is different from research, where research can be defined as "the attempt to derive generalisable or transferable new knowledge to answer questions with scientifically sound methods".
http://www.hra-decisiontools.org.uk/research.

➢ Key concepts of evaluation

- Evaluation can help inform what works, what does not work and for whom, in what context and how things can be improved.
- Evaluation is an invaluable tool to evidence decision-making or improve programme impact.
- Good evidence builds on existing evaluation knowledge and resources, shares knowledge and avoids duplication.
- An evaluation process is inclusive, ensuring that diverse viewpoints are considered.
- Evaluation is honest; identifying and acknowledging that outcomes are both positive and challenging.
- Good evaluation is replicable across a number of projects, meaning it can be undertaken by others; but the methods used should be rigorous enough so the same methods can be used in different contexts. (Note that the results are likely to vary but the methods should be the same, bearing in mind the context of each study will inevitably vary in these types of 'natural experiments'.)

2.2 Why should we evaluate?

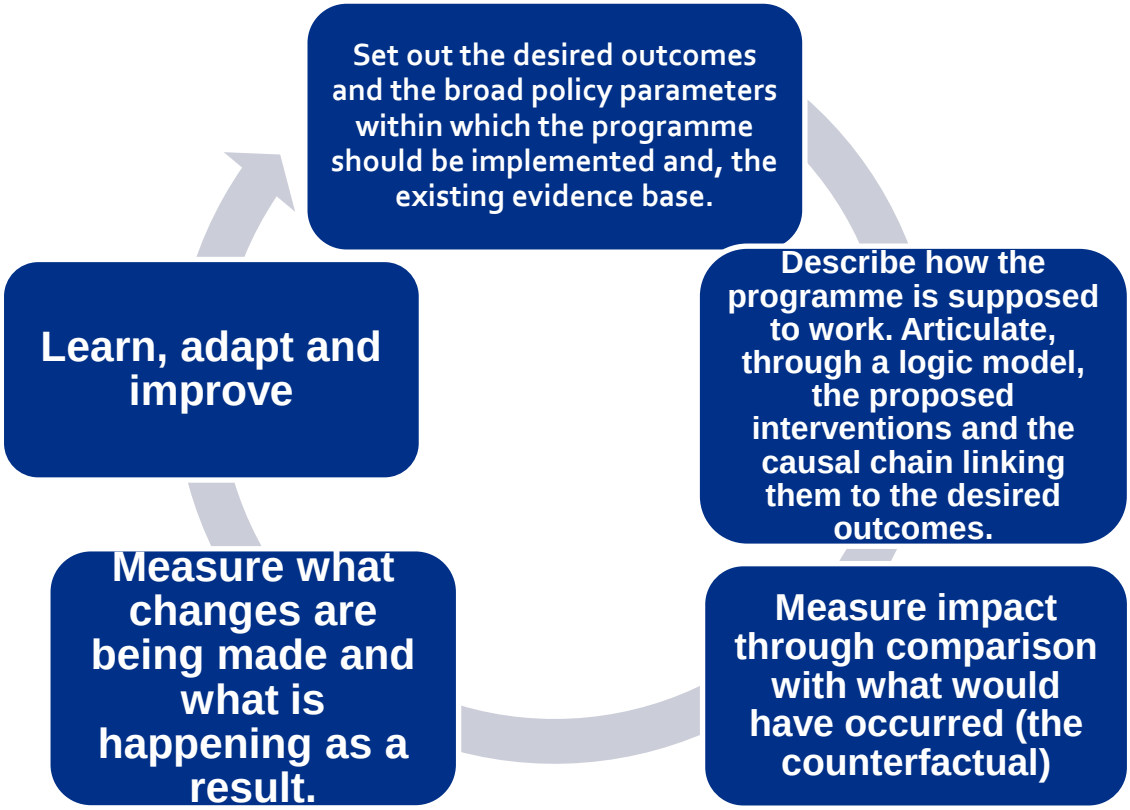
Evaluation should be part of any initiative in order to:

- Adhere to the ethics of commissioning public funds--the principle of "getting it right"
- Understand whether the resource invested, and the time participants contribute, is making a difference for the people using services
- Improve the culture of valuing evidence-informed decision making
- Provide a rationale for change or a system for checking progress, because evaluation fits in at any of the stages of the change management cycle.

➢ Evaluation cycle

This rapid cycle evaluation (diagram 2) is an output from NHS England and formed their approach to evaluation of the New Care Models. The evaluation process must put the patient/public at the centre, and focus on understanding the impact of service change on the people using services.

Diagram 2



➢ It doesn't have to be complicated or "academic"

- Consider what changes you would like to see ("what's the point?")
- Identify what/who you would like to study. You may want to evaluate the impact of an initiative on people, like adults, children and young people or a specific clinical population (e.g. those with depression or social phobia). You may also wish to understand whether processes or policies have been effective.
- Decide what period you want to measure (short, medium, long-term)
- Describe the current position and rationale for change and the desired outcome / impact.
- Outline who needs to be involved; what information is required and where can it be sourced.
- Consider data currently available, or do you need to collect new data? Who will collect, manage and analyse the date?
- What resources will you need, do you have them already or do you need to build into your funding budget e.g. analysing data/project write up?

2.3 How do we evaluate?

The evaluation process allows us to assess the qualitative, quantitative and cost benefits of service change in order to provide an understanding of the impact. The first step should be to source the current evidence, i.e. what knowledge is already there, and how can this inform the decisions / actions required? The available literature may in itself be sufficient, or may provide ideas to inform the process within the local context. The literature may also form a baseline to progress further actions.

➢ What questions can I have answered?

Always ensure clear aims or the questions to be answered are set for the evaluation. The evaluation may look to answer questions from a number of different perspectives i.e. service improvement/re-design or cost saving, patient satisfaction or clinicians' perspectives on initiatives.

The following headings may help frame the question:

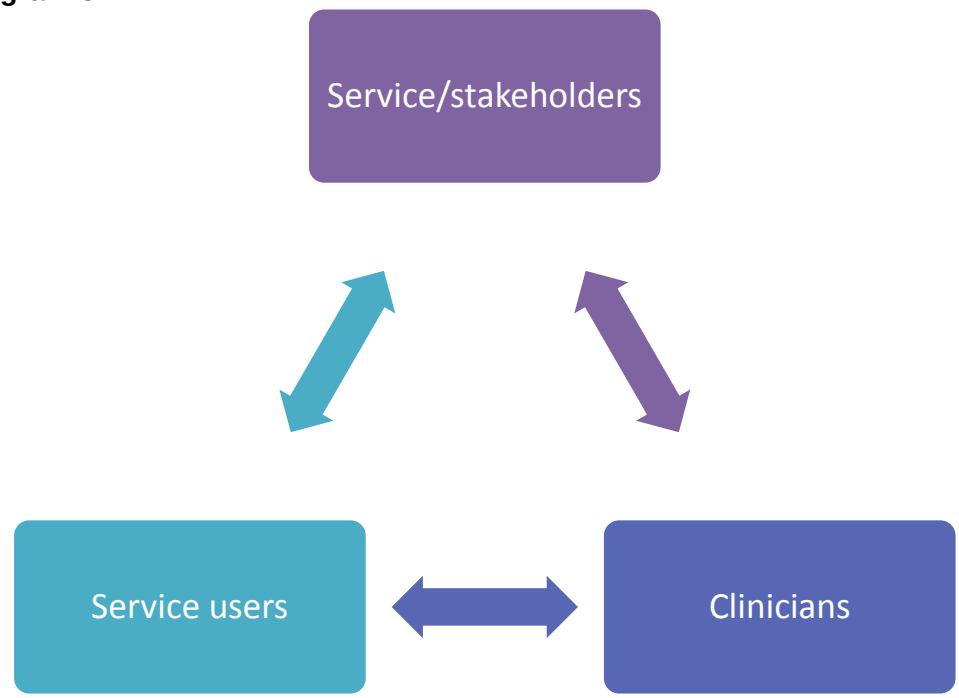
- Baseline / current position
- Process
- Impact
- Health factors
- Social care factors
- Policy and organisation
- Patient and public involvement
- Health equity and variation in service

The core point on considering the questions are you asking is;
'***What will be done differently as a result of knowing the answers?'***

- **Who needs to be involved?**

Scope the individuals and teams from the initiation of the work to understand all perspectives and what answers are needed for the evaluation (Diagram 3).
For any advice on governance arrangements or approvals to undertake the work, please contact your local research office.
For any advice on the access and use of data, for example, personalised, aggregated contact your data team and Information Governance lead.

Diagram 3



2.4 What should I measure?

There is a need to consider how you will get answers to your questions. Therefore, assessing what information you already have access to and what outcomes you may have to measure is the first step. This may include:
Clinical outcome measures: patient outcomes; clinician outcomes; service user/carer experience

- Contextual measures: social care; employment, education, training; criminal justice
- Equity measures, understanding variations
- Cost of services, resource
- Integration measures
- Behaviour change
- Barriers and facilitators
- Short, medium and long term effects

2.5 Who should undertake the evaluation?

Consideration needs to be given as to who should undertake the work of the evaluation. Depending on the questions and access to data it may mean that data handlers in other organisations need to collect and analyse the data.
In addition, would use of an independent source, as opposed to an internal data collection, increase the robustness and validity and reduce bias?
A range of researchers and academics from universities, NHS associated organisations like NECS, NEQOS etc. could help deliver such an evaluation. However it is important to carefully match the skills needed and the resource available.

3. Resources

Evidence – what is available and from where?

➢ Literature

Literature reviews are a very robust source of evidence. Identifying the available literature is a key first step to informing your approach to evaluation. A review of the literature will identify the available evidence that is relevant to inform the evaluation and the next steps: Does this tell you what you want to know; what further questions are you looking to answer; how can this be localised?

You can conduct your own literature review (or have it conducted on your behalf), or you can source your evidence from a literature review that has already been conducted and published. The most straight forward way is identifying one that is already published. See our list of Resources in Section 3 if you need to carry out your own literature review.
You may source literature reviews using a review of good practice guides, for example through reports from the King's Fund, through to meta-syntheses, which statistically compare a range of studies.
Google Scholar can help identify published literature reviews. However, there are more robust means of finding reviews that are recommended, which also provide detailed search engines.
Online access to published systematic reviews can be found through Athens. You can set up an Athens account via the following links:

- https://www.networks.nhs.uk/nhs-networks/nwas-library-and-information-service/nhs-athens
- https://openathens.nice.org.uk

Critical appraisal of the literature is also important and not just taking what is written at face value. This is the process of systematically examining research evidence to assess its validity, results, and relevance before using it to inform a decision.

➢ Data

There are numerous sources of data sets that can inform your evaluation, for example;

- Routine datasets
- Novel datasets
- Monitoring data
- Collection of new data: this needs to be both quantitative and qualitative

Clinical data can be sourced from patient management systems for example, RIO, PCMIS and IAPTUS, access to RAIDR. Support for collecting, understanding and synthesising evidence and data may be in place. Involve others and scope this at the start of the evaluation and do not work alone.

Starting points include NHS Trust research teams, clinical effectiveness teams and North of England Commissioning Support (NECS). There is also **local expertise** including:

- AskFuse www.fuse.ac.uk/askfuse
- STEM Club https://kfh.libraryservices.nhs.uk/the-sustainability-and-evidence-mobilisation-stemclub/
- NIHR Research Design Service (RDS)
- Academic Health Science Network (AHSN)
- NHS England Clinical Networks
- North East Quality Observatory Service (NEQOS)
- Trust librarians
- Public Health England
- Liaison with colleagues in partner agencies relevant to the subject area, for example, social care, police and criminal justice services, ambulance service, voluntary sector.
- Mental Health ICS Evidence and Evaluation Sub-Group

➢ Online tools to support the design and guide evaluation process

- http://www.nhsevaluationtoolkit.net/
- https://clahrc-west.nihr.ac.uk/evaluation/evaluation-best-practice-and-guidelines/
- https://www.health.org.uk/publication/evaluation-what-consider
- http://fingertips.phe.org.uk
- https://www.corc.uk.net
- https://www.gov.uk/government/publications/weight-management-interventions-standard-evaluation-framework
- Systematic reviews, RCTs, Cohort studies, case control, case series http://ebm.bmj.com/content/early/2016/06/23/ebmed-2016-110401
- Qualitative research, Survey, Case-control studies, Cohort studies, RCTs, Quasi-experimental studies, Non experimental evaluations
- Typology of evidence: process, effectiveness, salience, safety, cost effectiveness, acceptability, appropriateness, satisfaction. http://jech.bmj.com/content/57/7/527
- https://www.scie-socialcareonline.org.uk/

NHS England has set up an online market place where positive practice examples can be shared. https://www.england.nhs.uk/north/our-work/mental-health/nhs70/market-place/
The Mental Health Evidence and Evaluation Sub-Group are also taking forward work with North of England Commissioning support (NECS) to provide an information repository via a Share-point system.

➢ Training programmes

This framework does not aim to make everyone evaluators and academics; it does however aim to promote the recognition of what relevant skills and knowledge different staff, service users, carers and partners have or need at different times for different purposes, and offer some options to help develop the existing skills.
A number of training programmes are available including:

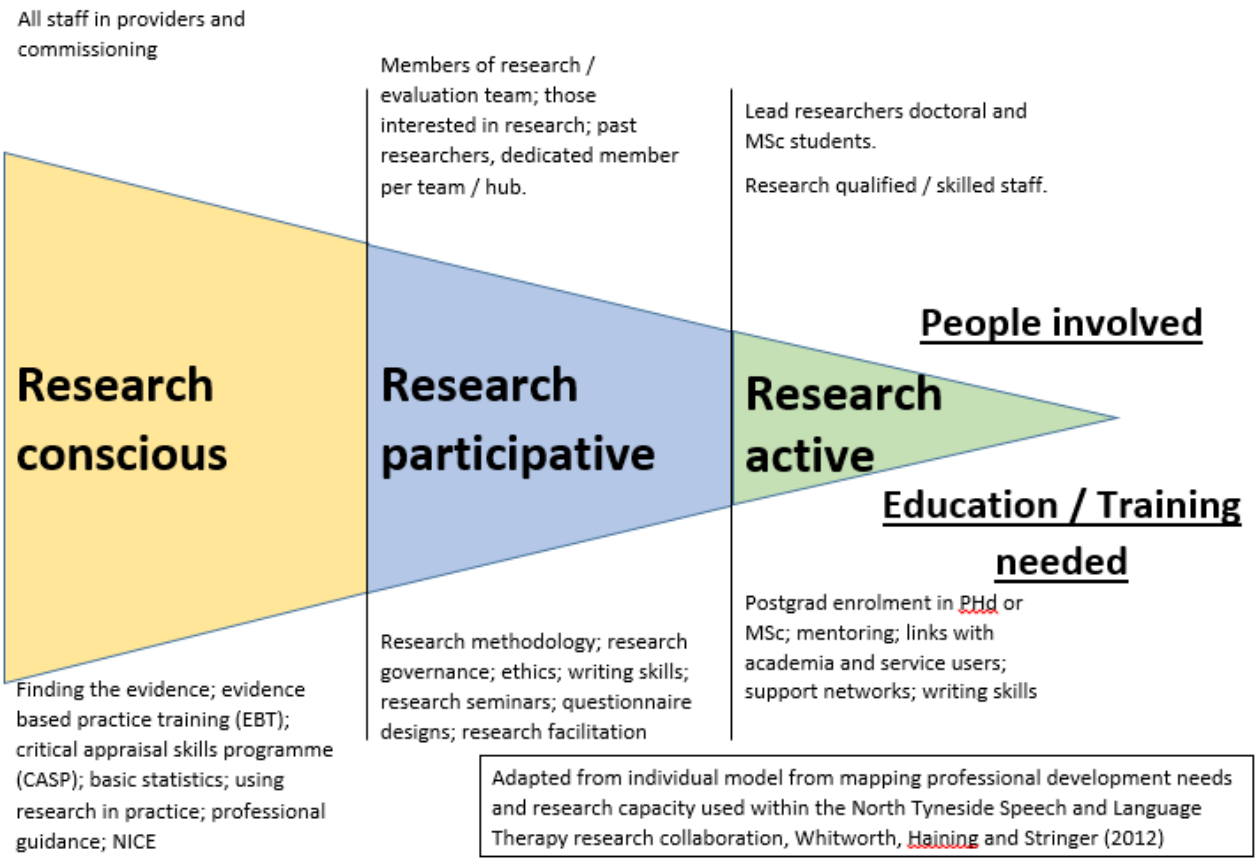
- NECS Research and Evidence Team, training module “What is evaluation?” ‘Critical Appraisal’ is available to CCGs.
- NHS England potentially offering again their year-long training for commissioning in children and young people’s mental health
- A number of workforce development opportunities are available through provider organisations
- Primary care projects, for example, GP re-imagined work
- Existing research training within services and academic institutions including further degrees, Masters and Doctorates
- Opportunities to utilise support from trainee clinical staff that are required to do a research project or service improvement project as an aspect of their qualification should also be considered.

Diagram suggests methods and skills for developing research capacity in ICS.

Summary

This document aims to support the emerging integrated care systems in the North East and North Cumbria to adhere to the ethics of commissioning public funds and improve the culture of valuing evidence-informed decision making. Any investment in services or change to service provision should be underpinned by a baseline position, clearly defined rationale, implementation plan and method of measuring impact. This will help us understand what works, allow opportunities to prevent duplication, scale up successes and learn lessons if the outcome is not result in the anticipated outcome.
All initiatives should be evaluated—if we truly want to realise transformation

Diagram 4


All staff in providers and commissioning
Members of research / evaluation team; those interested in research; past researchers, dedicated member per team / hub.
Lead researchers doctoral and MSc students.
Research qualified / skilled staff.
People involved
Research conscious
Research participative
Research active
Education / Training needed
Postgrad enrolment in PHd or MSc; mentoring; links with academia and service users; support networks; writing skills
Research methodology; research governance; ethics; writing skills; research seminars; questionnaire designs; research facilitation
Finding the evidence; evidence based practice training (EBT); critical appraisal skills programme (CASP); basic statistics; using research in practice; professional guidance; NICE
Adapted from individual model from mapping professional development needs and research capacity used within the North Tyneside Speech and Language Therapy research collaboration, Whitworth, Haining and Stringer (2012)

Appendix 1
Frequently Asked Questions (FAQs)

There are a number of potential challenges that need to be borne in mind when planning and delivering an evaluation including:

- **Q. Can access to the data sets be granted?**
  A. If non routine data sets or personalised / identifiable data is required then permission to access and information governance (IG) requirements needs to be considered and agreed, and discussed with IG lead

- **Q. Can I answer the evaluation questions in the timeframe?**
  A. Often service transformations take time to be implemented, embedded and to show change in quantitative metrics like admission rates, length of stay etc. Therefore cost savings may not be obtainable in-year or in the time frame required by decision makers. Proxy measures and extension of the timelines for evaluation may need to be considered, as well as qualitative methods and patient and staff satisfaction

- **Q. What if the service changes with time and the original evaluation plan may not be valid?**
  A. It is important to stay aligned to the service to understand changes as they happen and identify flexibility in the evaluations and resource from the beginning. Considering evaluation methods that allow for sharing of outcomes and learning as the service progresses is worth considering

- **Q. How can I ensure that the decision makers are aware of the evaluation and potential outcomes that may not be what they want to hear?**
  A. Always consider what the evaluation questions are and what decisions can be made as a result of the outcomes or it will be a waste of resource. Build a communication plan around the evaluation to ensure visibility from the start. Stakeholder engagement at the outset with such decision makers can improve cooperation.

- **Q. What if the service and evaluation team does not have the skills and knowledge to plan and undertake all aspects of the evaluation?**
  A. Consider discussing with evaluation experts locally, universities, your Trust or NECS research teams in order to have the best knowledge and skills mix and hence the most effective evaluation. Alternatively skill up staff or consider the evaluation as part of a further degree. See our list of Resources in Section 3.

Appendix 2

1. Example of an evaluation plan

Title
Name of evaluation lead and team
Introduction, including relevant literature and policy background
Evaluation questions to be answered
Method (s) to be used: ➢ **Sample /Participants – who will be in the study and why** ➢ **Design – qualitative / quantitative / cost benefit** ➢ **Procedure to collect data**
Proposed analysis plan

Practical issues (e.g., costs/logistics)
Ethical and governance issues if relevant
Timescale of evaluation activities
Dissemination plan
References