Advancing rapid evaluation

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The Yin and Yang of rapid evaluation...

...a gestalt perspective on the Dudley vanguard evaluation
1: The evaluator’s role

2: The client’s role

3: Conclusions and lessons from these interactions
Several of the factors that made this work a success relate to the way we designed and ran the evaluation.
Our team was multi-disciplinary and multi-sector

• Lead, overall evaluation strategy and ‘translation’
• Specific expertise in quantitative elements

• Academic and subject expertise
• Rigour in qualitative methods

• Research consultancy, capacity to do quickly
• Economics expertise
We embraced the complexity of Dudley’s vanguard…

Established local services

Augmented local services

National direction

Ideas from elsewhere

Better population health
  Improved resource use
  Better patient experience
  Staff wellbeing

Better patient experience

Staff wellbeing
...and worked with Dudley’s Partnership Board to agree an overall evaluation strategy

- Overall system
  - Scheme A
  - Scheme B
  - Etc

Specific evaluation activity at multiple levels and over time

Close working with local system; focus on translation and formative advice
We took a nuanced view on impacts and causation

- **Wider environment**
  - **Focus of action**
    - **Diffuse impacts, but possible causal evidence on that intervention**
    - **Diffuse impacts, meaningless (?) to seek causal evidence on impact**
  - **Type of action**
    - **Single intervention**
      - **Concentrated impacts, ‘easy’ causal evidence on that intervention**
    - **Multiple actions**
      - **Concentrated impacts, hard to gain causal evidence on impact**
We produced multiple (generally) brief outputs, housed on a microsite

Plus:

• ‘Lessons from the vanguard’ papers written with the CCG
• Short ‘talking heads’ videos on lessons learnt
• Lots of local / national presentations and engagement
Some outputs were highly applied.

Others potentially sensitive and relevant to national policy.

Evaluation of the Dudley New Care Models Programme

Strategic Level Evaluation

December 2017

2: Care Coordinator

Description
Role to provide link: within / between MDTs; between primary care and hospital services.
Focus on most at risk of unplanned care – both preventative and supporting discharge from hospital.

Judgements

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<th>Rationale (1-3)</th>
<th>1: Clear</th>
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<td>Aims (1-3)</td>
<td>1: Clear</td>
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<td>Design (1-3)</td>
<td>2: Partly</td>
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<td>Implementation (1-5)</td>
<td>3: Moderately well</td>
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<td>Results (1-5)</td>
<td>3: Moderately effective</td>
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<td>Relevance (1-3)</td>
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Conclusions

Early stage of development. Discharge element being delivered as intended; not yet fully integrated into all practices / MDTs.
2: The client’s role
We did a good job, but Dudley CCG exhibited a series of characteristics that made the work a success

- Confident ‘whatever you find’
- Open and non-defensive
- Trusting yet challenging
- Able to advocate and push, while retaining doubt
- Intelligent and reflective (while stretched)

To what extent is this usual in the NHS?
3: Conclusions and lessons from these interactions
Rapid evaluation requires a blend of attributes, which challenge both evaluators and their clients.

For **Evaluator**:
- Multi-disciplinary (likely cross organisational)
- Academic rigour *and* practical relevance...but: practical utility over gains in knowledge
- Mature balancing of timeliness, rigour, resources (etc.)
- Careful view of causation
- Coaching: doing with, not to

For **Client**:
- Agnosticism, not advocacy – adopt evaluative mindset
- Modesty and questioning in the face of uncertainty
- Willingness to hear (seek) bad news and course correct
- Constant sense of enquiry and evolution (not ‘fixed service’)
- Pair innovation with evaluation
The real sweet spot for rapid evaluation?

- Where clients think like evaluators
- Where evaluators inhabit their client's world