

Evaluations of national programmes using mixed methods

Rapid Evaluation in Healthcare 30th January 2020

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Session outline

- Introduction and background
- Primary Care Collaborations
- Evaluation of the Special Measures and ‘Challenged Providers’ regimes
- Room discussion
- Feedback

National programme evaluations

National or near-national programmes that are already active

- Special Measures regime
- Getting it Right First Time (GIRFT)

Learning from programmes that are active in selected local sites

- Vanguards
- Primary Care Homes

Programmes or activities that haven't started yet

- Changes to a national cancer screening programme

Why rapid?

Informative for programmes and policy makers

- Programmes may need ongoing and rapid review, especially where there are high levels of investment (funding, staff time)
- Policy makers want to make decisions relatively soon
- Can act quicker on important developments

Useful evaluations

- Better alignment of evaluation and decision making
- Prospective studies can capture learning on the ground (often missed and lost)

But not losing the longer term implications

- Can do the groundwork for longer evaluations or research studies
- Can extrapolate from existing evidence

Methodological challenges

Evaluation resources and know-how for quick deployment

- Mixed methods teams covering health economics, qualitative and quantitative evaluation skills

Quantitative analysis may have to rely on standard metrics

- Bespoke collections not always going to be possible
- Evaluators may not be able to acquire access to patient level data in time

Lack of counterfactuals / control groups

- Interrupted time series
- Stochastic/economic modelling

Unintended consequences are difficult to capture within shorter timeframes



The evaluation of large-scale collaborations between primary care general practices

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RAND Europe (on behalf of the BRACE Centre)

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The views and opinions expressed therein are those of the authors and do not necessarily reflect those of the HS&DR Programme, NIHR, NHS or the Department of Health.



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Evaluation questions



What are the **different forms of collaboration** in primary care and how have they been implemented?



What are the **rationales and incentives** for general practice to enter into different forms of collaboration, and what are the reasons for not doing so? In particular, what role do financial incentives play in facilitating collaboration? What are the expected outcomes?



What evidence exists about the **positive or negative impacts** associated with these different forms?



Why and how have primary care networks been implemented previously, and what are the **barriers and facilitators to effective collaboration**?

Methods

- Rapid evidence assessment and scoping interviews
- Stakeholder workshop
- Case studies
 - ❖ Interviews
 - ❖ Non-participatory observations
 - ❖ Documentary review
 - ❖ Surveys

Researcher reflections

- Opportunities:
 - ❖ 'hot topic' - lots of interest given the NHS Long Term Plan and implementation of Primary Care Networks
 - ❖ Capturing learnings in real-time (i.e. they bear timely relevance)
 - ❖ Project team quick to respond, both internally and externally
- Challenges:
 - ❖ Busy period, many participants don't have the time to engage with the evaluation
 - ❖ Data not always available (e.g. quantitative data on cost of collaborations)

Special Measures for Quality and Challenged Providers: Evaluation of the Impact of Improvement Interventions in NHS Trusts

Dr Jean Ledger, UCL, Department of Applied Health Research (on behalf of the RSET team)

Team and funding

- Naomi Fulop
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Aims

- To analyse how Trusts respond to Special Measures for quality (SMQ) and Challenged Providers (CP) regimes
- Impact of interventions on Trusts' ability to achieve quality improvements
- Interventions = 3 NHSI:
 - Improvement Directors
 - Buddying
 - Opportunity to bid for central £ for QI
 - + in context of other 'interventions' i.e. leadership change, other support from NHSI

Methods

- Rapid literature review using systematic methods
- Mixed methods evaluation of national and local level data:
 - SMQ/CP performance trajectories over time (July 2013 – Oct 2019) (n=62)
 - National interviews (n=6) and policy analysis (e.g. CQC, NHSI, DHSC)
 - 8 multi-site case studies (depth and ‘light touch’)
 - Qualitative fieldwork; interviews, observations, documents
 - Quantitative exploration of data usage by trusts
 - Cost-consequence analysis
- Conceptual models – Absorptive Capacity and organisational readiness for change

Lessons and insights

- Retrospective analysis AND prospective implementation: ‘catching reality in flight’ whilst also looking backwards
 - Documentary analysis (historic)
 - National datasets and metrics (trends)
 - Case studies (real world impacts and staff perceptions)
- Complex, iterative data integration
- Different methodological findings must inform each other
- Capturing current *and* historic learning that could be lost (‘organisational memory’)

Challenges

- Inevitable difficulties with missing data (quantitative and cost information especially)
- Variability and non-standardization: Trust trajectories, intervention 'dose'
- Staff may have moved on
- Risk of respondent bias
 - Shift in views (cannot interview people at different time intervals)

Ambiguity and uncertainty

“Decisions are a stage for many dramas.”

(March and Olsen, Ambiguity and Choice in Organizations, 1976)

“It is really true what philosophy tells us, that life must be understood backwards. But with this, one forgets the second proposition, that it must be lived forwards.”

(Soren Kierkegaard)

Questions for discussion

- What has been your **experience of evaluating national programmes**?
- What do you consider are the **challenges and barriers to taking a more rapid approach** to national evaluations?
- When and how can we **engage decision-makers** in the process?