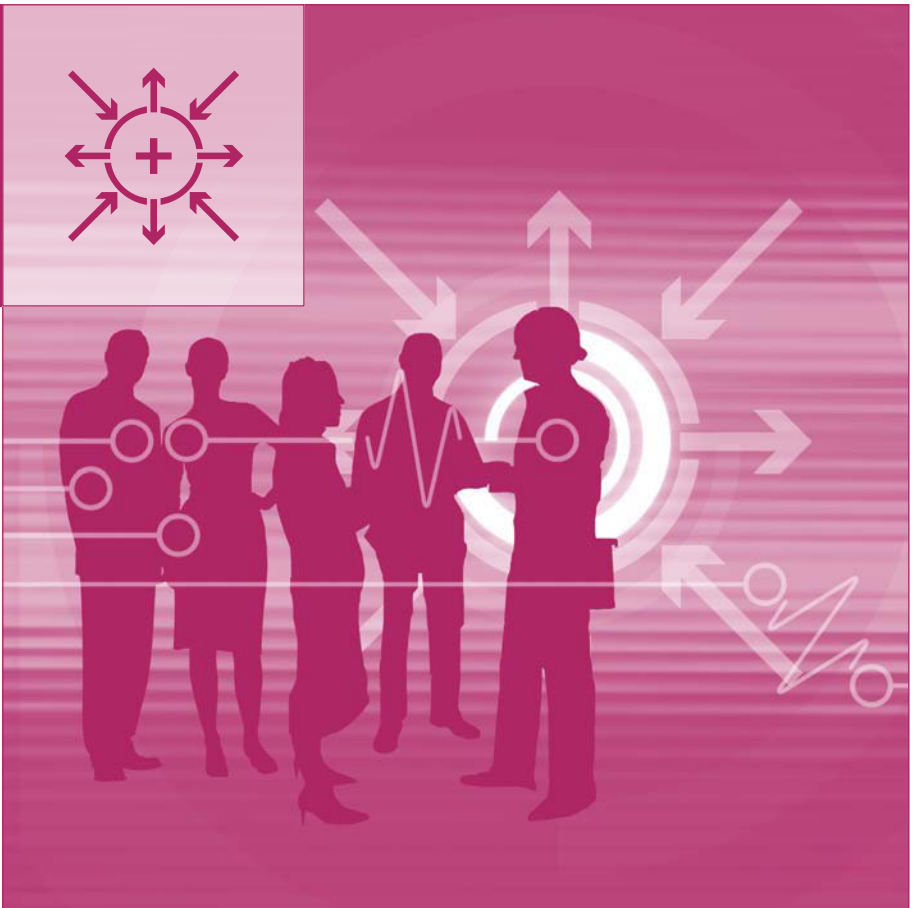


Improvement Leaders' Guide
Evaluating improvement
General improvement skills



Improvement Leaders' Guides

The ideas and advice in these Improvement Leaders' Guides will provide a foundation for all your improvement work:

- Improvement knowledge and skills
- Managing the human dimensions of change
- Building and nurturing an improvement culture

• Working with groups

► **Evaluating improvement**

- Leading improvement

These Improvement Leaders' Guides will give you the basic tools and techniques:

- Involving patients and carers
- Process mapping, analysis and redesign
- Measurement for improvement
- Matching capacity and demand

These Improvement Leaders' Guides build on the basic tools and techniques:

- Working in systems
- Redesigning roles
- Improving flow

You will find all these Improvement Leaders' Guides at www.institute.nhs.uk/improvementguides

Every single person is enabled, encouraged and capable to work with others to improve their part of the service

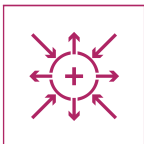
Discipline of Improvement in Health and Social Care





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1. Why should I evaluate?

1.1 A sense of direction

Imagine you need to travel to the other side of the country. You know roughly which way to go, from the position of the sun. So you set off in the car, making sure you keep the sun in the right place. This seemed like the easiest way but you soon realise it is so much more complicated than you had first thought. The sun shifts through the sky and you keep coming to roundabouts and junctions that leave you unsure which turning to take. Roads bend and twist, making it difficult to be clear about the right turning to take.

If you set out knowing where you want to go to but not planning the best way, you will take a very long time to get there. You may never actually get to your destination. Would you really make a journey this way?

In other words, you need to plan the route carefully, evaluate your progress against the route at regular points and learn to make your planning even better next time. Things may change, so you need to be flexible to ensure that you still reach your destination. Bear this in mind as you think about planning the evaluation of your improvement work.

1.2 Purpose of evaluation

It is pointless being really busy improving your local services if you don't also make sure that the improvements you are carrying out are as effective as they could be. You also need to be sure that you are making the right improvements. This is where evaluation is important. Evaluation is about:

- checking that you are doing things right
- checking that you are doing the right thing

The approach that you take will depend very much on the audience. It could be for:

- yourself to create a feedback loop as you progress with the improvement
- the leadership of your organisation
- those funding the work to demonstrate good use of money
- the public, patients, carers and other stakeholders to show that you are improving the service

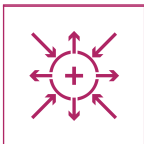
Evaluation brings several benefits. It can:

- examine the wider impact, both intended and unintended, and from a variety of perspectives
- raise questions about the improvement such as:
 - have you achieved your goals?
 - have work practices changed?
 - how long has it taken to achieve the desired change?
 - have the improvements been caused by the changes?
- demonstrate if the resources, time and energy invested in the improvement work represents value for money
- show if the change was an improvement or not
- show the extent to which changes have been sustained
- show similarities and differences between improvement initiatives so we can learn and develop general principles

You may feel that some improvement initiatives are too small to evaluate. However:

- evaluation of any improvement activity, however small, brings attention to what you have done. Through the dissemination of findings achievements can be recognised and shared with others
- evaluations can be small and simple, as well as complex. They need not be expensive, particularly if they use data collected routinely
- when the findings from many small evaluations are brought together they create an accumulation of information about service improvement, both what works within particular service areas and more generally across health and social care

These benefits mean you should consider evaluation an essential and regular part of all improvement activity. It will help to determine whether your aims have been achieved as well looking at what has worked best.



2. What is evaluation?

Before going any further, it would be helpful to be absolutely clear what is meant by evaluation, research, audit and a number of other linked terms so that you can distinguish between these different activities. There are areas of overlap, but let us set out some definitions to help you.

2.1 The difference between evaluation and research

The terms evaluation and research are often used to describe similar activities. Both use systematic investigation to increase knowledge, both include the collection and analysis of data, and may share similar data gathering methods. However, evaluation is different from pure scientific research by its practical nature. Evaluation is intended to be of use to those needing information in order to decide action, therefore it also involves judging value plus an element of comparison.

2.2 Evaluation

Evaluation is the systematic assessment of the implementation and impact of a project, programme or initiative.

It can be seen as judging the value of something by gathering information about it in a rigorous way for the purposes of making a better-informed decision. The results of evaluation activities can often be useful to others who are considering making the same changes.

2.3 Research

Research is a systematic activity, which uses scientific methods that are appropriate for discovering valid and generalisable knowledge about a particular thing. Research is carried out for the purpose of contributing to scientific knowledge about the subject. There are many different forms of research.

Evaluation is a kind of research. Not all research aims to evaluate something, but all evaluation exercises can be described as research.

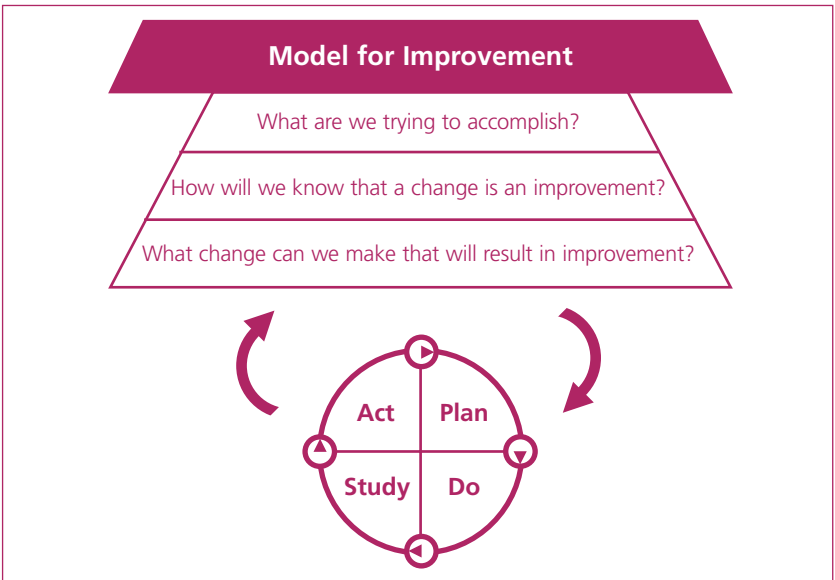
2.4 Audit

Audit is an investigation into whether an activity meets explicit standards, as defined in advance, for the purposes of checking and improving that activity. External auditors can carry out the process or it can be carried out internally as a self-review. The knowledge produced is specific to that audit and cannot normally be generalised. The standards used can be external and ready made, or defined by the service providers for self-audit.

2.5 Measurement for Improvement

This is where a few specific measures, linked to the key aims of the improvement work demonstrate whether the changes are making improvements and give feedback for future work. There is a lot more information about this in the Improvement Leaders' Guide: Measurement for improvement www.institute.nhs.uk/improvementguides

Start with the three questions in the Model for Improvement, particularly 'how will we know a change is an improvement?'. Then regularly measure and plot on a control chart to show if there is improvement or not.



Reference: Langley G, Nolan K, Nolan T, Norman C, Provost L, (1996), The Improvement Guide: a practical approach to enhancing organisational performance, Jossey Bass Publishers, San Francisco

2.6 Evaluation for Improvement

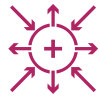
Every improvement project or initiative should be part of, and fit with, the wider strategy to improve services across your whole organisation or community. Your approach to evaluation and measurement for improvement should reflect this.

The more that you can demonstrate that the outcomes and achievements of your improvement work fit with the wider goals, the better your results will be received in the wider organisation, and the more opportunity you will get to sustain and extend the changes.

Think about the aims of your improvement work and the criteria you will use to evaluate if you achieve your aims. Ask yourself the following questions:

- has your organisation embarked on a wider programme to enhance the patient experience, improve staff retention, improve clinical quality or make the best use of resources? If so, make sure that your improvement aims and your approach to evaluation demonstrate how you make a contribution to these bigger goals
- has your organisation adopted a framework for assessing all the benefits from its service improvement, workforce reform and information technology development activities? If so, make sure that the measures you use for the evaluation fit with the measures in this framework

The model for improvement shown on the previous page is a helpful framework for thinking about the link between your improvement initiative and how you might evaluate it. Start with your aims 'what are we trying to accomplish?' Ensure that the aims you choose are clear, explicit and easy to measure.



3. What should I evaluate?

The improvement work you are leading should have clear objectives linked to your aims as stated in the Model for Improvement (section 2.5). These objectives will help you to clarify what is to be evaluated and what you want to learn.

There are three different areas of interest for an evaluation. They are:

- **project monitoring:** looking at the routine functioning of your improvement work. Is it doing what you wanted it to do?
 - **process evaluation:** looking at the way in which your improvement work is implemented and runs. What can you learn from the process?
 - **impact evaluation:** looking at whether or not your improvement work is delivering the objectives set. Are you getting the outcomes you planned for?
- These areas are not mutually exclusive. They can each be the sole focus of an evaluation, or can be combined for the evaluation. It is important to be clear what the focus of the evaluation is from the outset.

You will need to be clear at the planning stage of the evaluation about:

- the underlying model for the improvement, eg lean thinking, role redesign, etc to ensure that the evaluation design is sympathetic to the questions you want to ask and the outcomes you are trying to achieve
- what information is required for the evaluation. There will be routine information that can be used. If any additional information is required for the evaluation, you will need to assess whether the information can be collected with sufficient reliability, bearing in mind who is being asked to collect the information, and the existing demands on them
- the methods and skills for analysing the data that is collected. There is no point in collecting data if it cannot to be used.
- the resources required to carry out the evaluation, such as budget, people and their time, IT support etc. Typically, the resources available for carrying out any evaluation activities will be limited. This will determine the scale and scope of an evaluation
- the potential audience for the results. Dissemination of the results needs careful thought. Identify the stakeholders as well as those who may find the results useful for their own professional practice
- the framework of evaluation activities. Recently, there has been increasing use of the balanced scorecard technique as an approach. A balanced scorecard is basically a 'family' of measures to provide information in relation to different perspectives. On the next page is an example of a balanced scorecard. The service delivery and outcome categories are about 'facts' and the patient and staff satisfaction categories are about 'feelings'

Case study

Balanced scorecard evaluation

Using CT for renal colic presenting in A & E in an acute Trust in the Midlands

This improvement work changed the pathway for patients with renal colic who presented in A & E. Prior to the change patients were admitted to a bed to await IVU (Intravenous Urography) investigation. Now patients receive a CT (Computerised Tomography) scan immediately or within 12 hours. The evaluated benefits are outlined in the balanced scorecard below.

Service Delivery

- release bed capacity as there will be fewer admissions: 25% fewer in first 12 months
- CT scan costs 30% less than IVU

Patient Experience

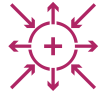
- receive CT immediately or within 12 hours
- procedure less invasive and takes less time to carry out
- patients prefer CT to IVU

Clinical Outcomes

- CT has a higher sensitivity and specificity than IVU and is therefore a better test

Benefits for staff:

- staff prefer CT to IVU



4. How do I do it?

Step 1: Develop an outline plan to evaluate your work

This is a summary that sets out what is to be done and will help you to get started. Consider:

- the question to be answered
- the design to be used
- the data to be collected, together with methods of collection
- the way in which the data will be analysed
- a plan, showing how long the evaluation will take and the key stages of the evaluation
- who will do what in the evaluation
- how the results of the evaluation will be disseminated

Step 2: Work with your stakeholders

Explore the plan of the evaluation with the stakeholders. This could be patients, staff, the leadership of your organisation, commissioners of the service, other parts of the public sector, local voluntary organisations. This will depend on the context of your particular service. Once you have worked with your stakeholders, the question or questions can be set out that will drive the rest of the plan and the design of the evaluation.

Step 3: Be clear about the data

Be clear about the data needed. Where possible, data that are routinely available should be used. Specific data may be required for the evaluation which is not already collected routinely. It is critical that a practical approach to collecting the data is developed, and that those collecting the data are able to collect it in a way that does not impact on their day-to-day work. This is an important issue and your evaluation can fail if this has not been thought through.

As explained earlier, data analysis is a complex process. The approach taken will depend on the design of the evaluation:

- if the data is quantitative, do you have the necessary skills to analyse it? If not have you costed in the time and have you made sure of the availability of a data analyst with the necessary skills. You should be able to find a statistician to help you in your Trust or local university.
- if the data is qualitative, do you really have the skills to make sense of the data that you gather? If not, do you have a plan for acquiring the skills, or have you identified someone with the skills to analyse the data for you?

Look at section 5.4 for an explanation of quantitative and qualitative data.

Step 4: Develop a plan for the evaluation

Have a clear plan setting out the key milestones, and clarifying who is responsible for what. Be clear about the steps required for the evaluation, and be realistic about the timescale. The timescales will need to be in line with the timescales of the improvement work itself.

Step 5: Plan the dissemination

Be clear about the dissemination process. The following list of questions will help you to think about this stage of the process:

- who is the principle audience for the evaluation?
- how do you intend to feed back the findings of the evaluation to them?
- have you asked them what they want to see, and in what format?
- is there anyone else with whom you should be sharing the findings?
- will you be generating important learning that should be shared more widely?



5. Designing the evaluation

5.1 Key questions for choosing the right approach

Good evaluation design depends on an appropriate fit between the purpose of the evaluation, the stakeholders' requirements and the available funds.

Consider the following four questions to help you decide on the type of evaluation you need:

- will it assess the impact or outcome against stated goals, or will it identify impact through intended and unintended effects?
- will it assess whether outcomes are directly due to the improvement work, or will it explore how the outcomes are produced in your particular setting?
- will it judge success against a single stakeholder's aims, or judge success against the stated aims of a wide range of stakeholders?
- will it judge whether an improvement works, or will it gather information to inform improvement development and quality improvement?

In preparing the design of the evaluation there are five key areas to consider, each of which will shape the design of the evaluation and methods used.

5.2 Summative or formative

Summative evaluation gathers data to make a judgement about the success of the improvement project. If the purpose is accountability, then the evaluation needs to show whether the project worked and whether it met its objectives. Key questions might be:

- did the improvement work achieve its objective?
- what improvements did the improvement work create?
- what benefits did the improvement work deliver compared to what it cost?

Formative evaluation is ongoing. It looks at the improvement project as it evolves and suggests ways in which it can be improved. The emphasis in formative evaluation is on why a project produces specific results. One type of formative approach being used more regularly is Appreciative Inquiry (AI). There is more about Appreciative Inquiry together with an example in the section 10 in this guide. Key questions might be:

- what have we learnt?
- what were the drivers for change?
- what were the obstacles for change?
- how did the improvement initiative change over time?

The choice of a summative or formative evaluation will depend on what you want it to do. It is possible to design an evaluation that has both summative and formative elements, to address whether something works, and why it produces specific results.

A helpful way to think about the difference between summative and formative evaluation is that when a cook tastes the soup, that's a formative evaluation: they will be evaluating the process and why the soup tastes the way it does. When their guest tastes the soup, that's a summative evaluation: they will be evaluating the outcome only.

5.3 Outcome or process

Outcome evaluations are focused on the impact of a project and will be explicitly summative.

Process evaluations aim to understand the internal operation of the improvement work and can include both summative and formative elements.

5.4 Quantitative or qualitative

Quantitative approaches to evaluation involve the collection of numerical data through statistics, structured interviews, questionnaires, surveys or pre-coded observation schedules. Data may also be gathered from routine information collected about the service in question, to demonstrate changes as a result of the improvement.

Qualitative data collection involves recording people's experiences and the meanings that they attribute to events and behaviour. Data can be captured through the use of interviews structured, semi-structured or unstructured focus groups, observation and document analysis.

Quantitative information is best suited to summative, outcome and experimental evaluations. Qualitative data collection is most useful for responsive, formative evaluations. However, evaluation design will often comprise of a mix of both quantitative and qualitative data.

5.5 Unitary or pluralistic

A **unitary** approach to evaluation considers the project from the perspective of a single organisation's perspective or a single professional group. This one group identifies all outcomes, indicators and objectives.

A **pluralistic** approach looks at outcomes or processes from multiple stakeholder perspectives. This could include the funding body, all those involved in the improvement, as well as patients and the public. A pluralistic approach may also aim to capture outcomes beyond those set by the project such as unintended consequences.

5.6 Experimental or naturalistic

Experimental approaches set out to identify the extent to which measured outcomes can be attributed to the improvement work itself. Controls are applied so that the outcome can be clearly traced back to the change intervention as the cause. This is achieved by setting up the participants into controlled groups to draw valid, repeatable cause and effect links. It is worth bearing in mind that it is often difficult to set up a situation where a genuinely controlled experiment can be established for improvement work. For a control to be legitimate it needs to be similar in characteristics to the group being studied, and the group being studied needs to be truly representative if the results are to be generalisable. This approach is typified by the randomised controlled trial that is commonly used to test new drugs.

A **naturalistic** approach to evaluation looks at naturally occurring project activities and processes. This kind of approach is sensitive to the fact that changes happen in the context of the improvement work. Unintended effects will be captured as they happen. It is important in the naturalistic approach to be realistic about the extent of claims. Effects that are observed may not be directly attributable to the improvement work itself. Improvement evaluation is very likely to use this approach

5.7 Sampling

When you carry out quantitative measurement for evaluation you may only need to collect data for a sample of the population you are interested in.

There are statistical rules about sampling which will help you to determine the sample size you need and how you should select your sample. Make sure you ask an expert before you start so that you know you can draw valid conclusions from your analysis. For more information on sampling see also the Improvement Leaders Guide: Measurement for improvement
www.institute.nhs.uk/improvementguides

Case study

The Leadership Centre “Breaking Through” Programme: a development programme aimed at increasing the numbers of black and minority ethnic senior managers in the NHS

There was a survey of participants after the first round of two day development centres. The aim was to assess which modules of the programme people are most suited for. One of the key findings from this survey was that some people did not feel they'd had enough opportunity to discuss what happens next in the programme. As a result of this, a member of the Breaking Through team now has a short one to one discussion with every participant at the end of the development centre to make sure they are happy with the outcome.



6. Do I need ethical approval and where do I go for advice?

Until recently, health and social care service improvement initiatives and internally conducted evaluations did not require approval from a research ethics committee. Evaluations by external organisations were only required to obtain ethical approval if this involved patients or clients.

This position has now changed. This is partly as a result of legislative changes in the Health and Social Care Act 2001, which requires ethical approval for research that involves staff as well as service users. It is also in response to heightened awareness about the vulnerability of service users following a number of publicised failures to obtain consent.

At the time of preparing this guide, a further review is underway looking at the remit and responsibilities of ethics committees. A group of scientists and lay people (members of the public) are currently reviewing the systems that support NHS Research Ethics Committees in England, and will be making recommendations during 2005.

New operational procedures for NHS Research Ethics Committees (RECs) were introduced on March 1, 2004. This involves an online application form and a standard procedure for application. You can find the form and procedure on www.corec.org.uk. The procedure can seem daunting but there will be someone within your NHS organisation who is responsible for ensuring that the organisation complies with the Research Governance Framework. This will usually be the Research and Development Manager, and they will be able to guide and support you through the form and application process.

The website also has details of all ethics committees in England and each committee has an administrator who will offer you further advice and support.

Your local REC will be particularly concerned about certain aspects of the evaluation. They will want to see the following information:

- a protocol which is a summary of what the evaluation is about
- clear aims and objectives and a careful and comprehensive plan
- background information describing the evaluation for all participants including patients, carers, and staff
- the consent form and clear details about the consent procedure that demonstrates that service users will be free to refuse to participate if they wish. This applies again to all patients, carers and staff
- copies of all instruments and tools, such as questionnaires and interview schedules, to be used
- proof that the lead investigator is competent to carry out the evaluation

Sometimes evaluation can be very close to clinical audit and in these circumstances it may be worth ringing up the chair of the local REC to find out if ethical approval is required before completing an application form.



7. Who should carry out the evaluation?

There are three options to consider when thinking about who should carry out your evaluation:

- commission an external team
- commission an external evaluator to work with an in-house team
- carry out the evaluation entirely in-house

7.1 Evaluation commissioned from an external team

Advantages

- the team commissioned to do the work are likely to have more technical skills and experience in evaluation techniques than anyone who is available internally
- evaluation is carried out in an efficient and timely manner
- the evaluation has objectivity and is therefore seen to be more credible
- an external team may discover new perspectives and unexpected insights

Disadvantages

- it is likely to be expensive, so availability of resources will be a key consideration
- an external team will take time to familiarise themselves with the context and setting for the evaluation
- you may lack experience in commissioning external evaluation which means that the evaluation report is not what you expected and does not meet your needs

7.2 Joint evaluation using external evaluator with in-house team

Advantages

- less expensive than commissioning an external team
- better understanding of the context for the evaluation
- some aspects of the evaluation, such as data capture, may be easier to deliver with a joint approach

Disadvantages

- internal evaluators may not have the skills or expertise to lead an evaluation and may also lack the time to take part in a joint approach
- the need for ongoing communication which may be time consuming and costly
- external evaluators may not place the same emphasis on the evaluation work if it is in collaboration with the in-house team
- there may also be problems with objectivity when an internal team are involved in the evaluation

7.3 In-house evaluation

Advantages

- in-house evaluation encourages maximum involvement and participation
- it has the scope to develop new skills in staff, valuable for future activities
- it gives practitioners control over the process
- it is relatively cheap and quick
- there is scope for building in findings to the project design as they emerge
- ongoing collection of data to monitor the improvement is more likely

Disadvantages

- needs a dedicated project lead, good project management and research skills
- needs to have sufficient spare capacity to carry out the evaluation and the necessary technical resources will need to be available e.g. computer resources, analytical tools etc
- potential problems with objectivity which need to be addressed if the evaluation is to have credibility
- there is a greater risk that the project lead will be diverted by other priorities

7.4 How to make the decision

In deciding which of the above three options to take, consider the following:

- how much emphasis will be placed on objectivity and by whom?
 - are there external stakeholders to satisfy?
- what human resources are available for the evaluation?
 - do they have the right research and project management skills?
 - do they have the time?
- what budget is available?
 - an external evaluation may be desirable, but there may be insufficient resources available to commission one
- how complex is the improvement work that is being evaluated?
 - does it need the expertise of an external commission, or could an evaluation be designed which meets the requirements?

The decision will need to be made regarding the particular circumstances of the improvement work being evaluated. However, it is important to ensure that the cost of the evaluation is in proportion to the overall costs. There is a wide range of views on the percentage of total costs that should be committed to evaluation, but somewhere between 5% and 15% of the total cost of the improvement work would be a helpful guide.

If you are spending more than that, then the evaluation is probably out of proportion to the project itself.

If you decide to commission an external evaluation, it is important to build an effective working relationship with the evaluator. You should try to speak regularly and get the headline messages from the evaluation as they emerge. This will help the evaluator to understand the context and help you to start acting on the findings as early as possible.

Example

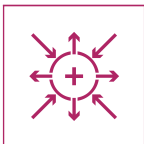
A hospital might commission an external evaluation into the effect of the 10 High Impact Changes for Service Delivery and Improvement in relation to improving the time patients wait in A&E. The design of the evaluation might be:

- a formative evaluation to assess the impact of the improvement
- a pluralistic approach to accommodate the views of the multiple stakeholders
- mixed qualitative and quantitative data

The questions to be answered might be

- which of the changes had the biggest impact?
- what can the organisation learn from their improvement work so far?

For more information about the 10 High Impact Change for Service Delivery and Improvement go to www.institute.nhs.uk/highimpactchanges



8. When should the evaluation be done?

The life of an improvement initiative will go through a variety of stages with different information becoming available at various times, so think about:

- the length of the project
- the kind of information required

Immediate start

Starting the evaluation at the same time as the improvement work will ensure that the entire process of the improvement work is captured

After the implementation phase

The evaluation will capture:

- the process of implementation
- the extent of implementation
- barriers to implementation
- the views of the different stakeholders on how the project is progressing
- initial analysis of available monitoring data
- guidance for subsequent evaluations of the project
- costs of the project

After the project has been running for a while

The evaluation will capture:

- impact of the improvement
- cost of the project

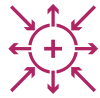
At the end of the project, once the changes are established

The evaluation will be able to look at:

- cost effectiveness
- sustainability

This means that you should plan to carry out formative or process evaluation as early as possible and a summative evaluation after the project has been running for a while. Plan a long term evaluation, with both formative and summative elements, for after the project has finished or become established practice (see Section 5.2 for further information about summative and formative evaluation).

Remember this is the ideal and your evaluation activities will depend on the resources available.



9. When should the evaluation findings be presented?

9.1 Interim report

Many evaluations require interim or progress reports, particularly formative evaluations where early findings will be useful to modify the improvement initiative. Progress reports can be requested at six monthly intervals and are usually descriptive summaries of progress and initial findings.

Be creative and use a variety of methods to get the initial findings back to the stakeholders for comments: email, workshops, local newsletters, web pages, virtual conferences etc.

9.2 Final report

This is the report written when all the data and comments have been collected and analysed and requires a more formal presentation.

Outline for an evaluation report:

- executive summary
- introduction with the background to the evaluation
- outline of any relevant literature or evaluations of similar improvement work
- aims and objectives of the evaluation
- evaluation approach
- methods used
- findings listed and presented as simply as possible
- discussion of findings:
 - interpreted in the light of their similarity or difference to findings from similar studies or in relation to the aims and objectives of the project
 - limitations of the study
- implications
 - as this may have an impact on stakeholders, it is a good idea to involve them in this process
- lessons, recommendations, conclusions and actions
 - key implications summarised into a number of learning points. These will be strongly influenced by the local context and what is considered to be important
- appendices

Do bear in mind that different stakeholders may be interested in different aspects of the findings. So it is possible that a number of different versions of this summary will need to be produced to suit the audience.

One of the most important aspects of the evaluation of improvement initiatives is the contribution it makes to the development and sustainability of the initiative.

Case study

An ongoing (formative) evaluation

The National Booking Programme engaged the Research into Practice Team, of the NHS Institute, to evaluate their programme. The findings from the evaluation, undertaken over one year, were regularly fed back to the participants and to inform the programme

- July 03: Evaluation of 4th Wave of National Booking Programme undertaken
- Oct 03: Findings fed back to national team
- Jan-Mar 04: Reports written, distributed and made available on website
- March 04: Two Administration and Clerical (A & C) national conferences held and questionnaires distributed at start of each conference. The initial findings of the analysis of questionnaires undertaken during the day, were fed back to participants at end of the day
- May 04: Entire findings presented at 3rd national A & C conference
- Jun-Jul 04: Written reports distributed and made available on website
- Aug 04: Research into Practice lead researcher invited by AMSPAR* to discuss the training needs of A & C staff working in secondary care

* Association of Medical Secretaries, Practice Managers & Administrators

9.3 Disseminating the findings

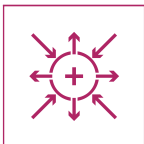
The writing of reports for stakeholders is, of course, not the only way to disseminate findings of an evaluation. There are many other ways, including:

- conference and workshop presentations
- sharing findings with different professional groups
- publication in journals and professional magazines
- sharing good news stories with the local media, where appropriate
- providing a summary of findings online

Dissemination is best thought of as a process involving a long time period and multiple avenues including local stakeholders. It is important to consider when the results of an evaluation might be most useful. For example, when are the key decision points for the future of your improvement work? When will you need to secure future funding?

Every opportunity should be taken to make the valuable information from the findings as widely accessible so that:

- all those who were involved in the evaluation get feedback on its findings
- stakeholders are made aware of the outcome
- the findings inform any future evaluation activity so that effort and investment is not repeated
- improvement becomes an iterative process with learning built in to future improvements
- other improvement leaders and researchers can learn from your work
- educators who can ensure that training for the next generation of professionals takes account of changes in practice



10. Frequently asked questions

Question

How do I start? What are the key things that I need to think about?

Answer

You have read through this Improvement Leaders' Guide. You are preparing for your first evaluation to ensure that your improvement work delivers the required outcome, and that you learn as much as you can from the process.

Start by considering these questions:

- what is the purpose of the improvement?
 - are you clear about the objectives you have set for the improvement?
 - how can these objectives be translated into an evaluation?
 - what questions do you want an evaluation to answer?
- have you spoken to all of your stakeholders to be clear about their requirements for evaluation?
 - what do they want to know?
 - what are their questions?
- who should do the evaluation?
 - what resources do you have available to carry out the evaluation?
- looking at the objectives, what are the best methods for the evaluation?

Question

I have heard of Appreciative Inquiry being used in evaluating improvement initiatives. What exactly is it?

Answer

There is evidence to show that creating positive images for ourselves will impact on our performance and that we move in the direction of what we focus on and discuss. Appreciative Inquiry (AI) is based on asking questions and having conversations that are intentionally positive. As we tend to find what we look for, positive discussions creating positive futures and possibilities rather than problems, Appreciative Inquiry is more likely to create conditions conducive to action and improvement.

If you search the internet and you will find a lot of emerging thinking about . The following case study outlines how AI is making an important contribution to the work of improving cancer services across England.

Case study

Use of Appreciative Inquiry in healthcare: Cancer Services Collaborative Improvement Partnership

The English Cancer Services Collaborative 'Improvement Partnership' (CSC'IP') used the AI approach to evaluate the transition from CSC Phase 1 to 2 when it went from a pilot programme to full national roll-out.

A series of questions were designed to explore the background to the transition from the Appreciative Inquiry (AI) perspective, as follows:

"Can you identify an occasion when you were particularly pleased with your practice within your organisation?"

"What particularly pleased you about your part in the process? What do you think enabled you to behave in the way that you did?"

"Suppose one night a miracle occurred and you were able to maintain this approach to practice within your organisation in a diverse range of situations. How would you know? What would be the same? What would be different? What would be happening?"

Specific attention was given to learning more about the changes and processes of development over time. The study focused on the history and stories of projects as they evolved and developed, the change journeys that they experienced and their current circumstances.

A range of interviewees were selected covering managerial and clinical staff from the different phases and drawn from different levels of seniority. Several cancer services were chosen and with a range of locations across England.

The draft report indicates clearly a number of key features that are not specifically unique to cancer services, and which are being analysed carefully in view of their relevance for other development programmes and national initiatives.

Question

How do I decide whether I need to get ethical approval for the evaluation that I am planning?

Answer

Do you intend to interview patients, members of the public or staff or will you be looking at identifiable patient records as part of the evaluation? If any of these apply, you will need ethical approval and should approach your local ethical committee for advice.

The important thing to remember is to exercise caution. If you are unsure whether ethical approval will be required, check with your local ethics committee. It is always better to have settled this before starting the evaluation.

Question

How do I find out more? Where do I go for help?

Answer

You could read the following books:

- Clarke A, Dawson R. (1999) Evaluation research, London, Sage
- St Leger A (1991) Evaluating Health Services Effectiveness, Open University Press
- Ovretveit J. (1998) Evaluating health interventions, Buckingham, Open University Press
- Ovretveit J Gustafson D. (2002) Evaluation of quality improvement programmes, Quality and Safety in Health Care;11:270-275
- Stecher BM and Davies WA. (1987) How to focus an evaluation, London, Sage
- Weiss CH. (1998) Evaluation: methods for studying programmes and policies, 2nd edn. Upper Saddle River, New Jersey, Prentice-Hall

The Improvement Leaders' Guides have been organised into three groups:

General improvement skills

Process and systems thinking

Personal and organisational development

Each group of guides will give you a range of ideas, tools and techniques for you to choose according to what is best for you, your patients and your organisation. However, they have been designed to be complementary and will be most effective if used collectively, giving you a set of principles for creating the best conditions for improvement in health and social care.

The development of this guide for Improvement Leaders has been a truly collaborative process. We would like to thank everyone who has contributed by sharing their experiences, knowledge and case studies.

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To download the PDFs of the guides go to www.institute.nhs.uk/improvementguides

We have taken all reasonable steps to identify the sources of information and ideas. If you feel that anything is wrong or would like to make comments please contact us at improvementleadersguides@institute.nhs.uk

The mission of the NHS Institute for Innovation and Improvement is to support the NHS and its workforce in accelerating the delivery of world-class health and healthcare for patients and public by encouraging innovation and developing capability at the frontline.

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