Evaluation of selected Value Proposition schemes

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This presentation is in three parts

1: Context to the work, method used

2: Overall lessons

3: Scheme-by-scheme assessment

Please ask questions throughout

Overall, the evaluation is focused on learning for the MCP

Year 1

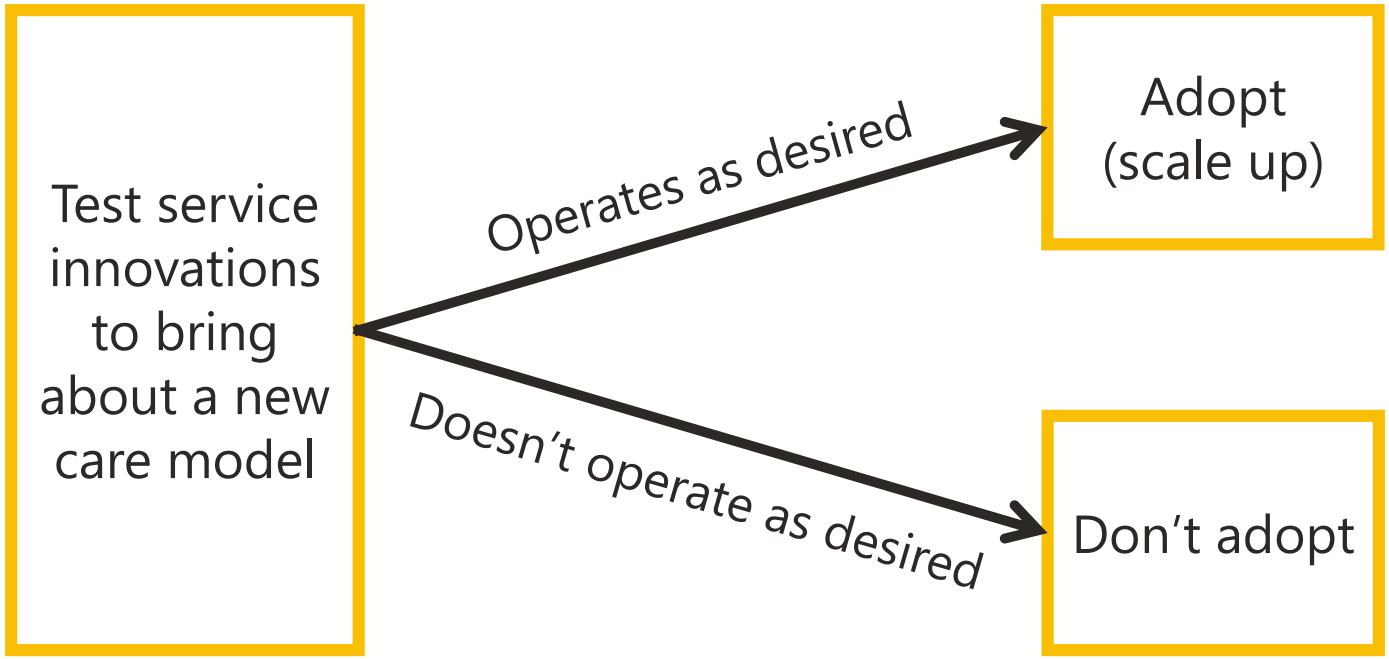
1. Strategic level early Findings
2. 'New QOF'
3. MDT
4. Quarterly performance

Year 2

1. Strategic level update
2. 'New QOF' economics
3. PROMS/PREMS
4. **VP evaluation**

Today we are focused on these findings

We began by thinking about the logic of 'Value Proposition' investment in the context of the Vanguard



Decision also depends on aims, resources available and competing investments

We then selected nine Value Proposition schemes to evaluate

1. Integrated Plus (and see MDT evaluation)
2. Care Coordinator Service
3. Sense.ly Kiosk
4. Sense.ly Patient Services App
5. Falls and Fracture Prevention Service
6. Care Home Telemedicine Service
7. Care Home End of Life Education Programme
8. Practice Based Pharmacists
9. Prescription Ordering Direct (POD) Contact Centre

= rapid assessment of multiple innovations (on limited resources)

So we used a flexible method that allowed for rapid evidence gathering and clear summary judgements

A: Set template

1. Rationale / need
2. Aims
3. Design
4. Costs
5. Implementation
6. Results
7. Relevance (to MCP framework)

→

B: Gather evidence

Review scheme documents and data

Interviews with lead / staff

2-3 days research per scheme – all gaps and uncertainties that follow

→

C: Make judgement

On a scale for each element of the template, e.g.:

Rationale

1. *Clear need*
2. *Partially clear need*
3. *Need unclear*

Evaluator judgement – to inform, not make, decisions

1: Context to the work, method used

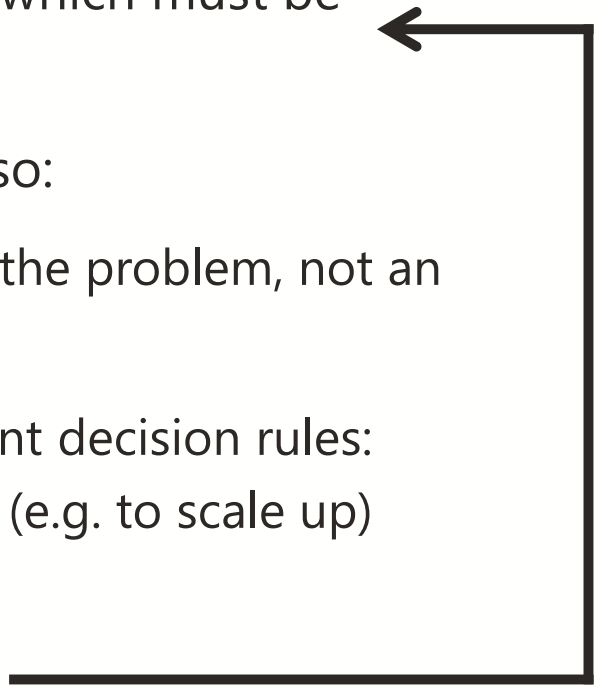
2: Overall lessons

3: Scheme-by-scheme assessment

The VP experience suggests some lessons for innovation and evaluation within the MCP

- The MCP will need a culture of innovation which must be deliberately encouraged and cultivated
- Innovation necessarily brings uncertainty, so:

1. Greater care at the design stage…start with the problem, not an innovation in search of one
2. Use rapid cycle evaluation, plus clear up-front decision rules: what are the tests the innovation must pass (e.g. to scale up) and how would we know?
3. Punish lack of learning, not 'poor' results



1: Context to the work, method used

2: Overall lessons

3: Scheme-by-scheme assessment

1: Integrated Plus

Description

Role provides link with community and voluntary services, addressing non-clinical needs through 'social prescribing'.

Working closely with MDTs supports better coordinated person-centred care for high risk patients.

Judgements

Rationale (1-3)	1: Clear
Aims (1-3)	1: Clear
Design (1-3)	1: Clear
Implementation (1-5)	2: Very well
Results (1-5)	2: Very effective
Relevance (1-3)	1: High

Conclusions

Central and well functioning element of care model. Could simplify data collection and reporting.

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

Rationale (1-3)	1: Clear
Aims (1-3)	1: Clear
Design (1-3)	2: Partly
Implementation (1-5)	3: Moderately well
Results (1-5)	3: Moderately effective
Relevance (1-3)	1: High

Conclusions

Early stage of development. Discharge element being delivered as intended; not yet fully integrated into all practices / MDTs.

3: Sense.ly Kiosk

Description

Self-service 'kiosk' to enable patients to take own weight / blood pressure measurements prior to primary care appointment. Guidance from virtual nurse avatar to input information and take measurements. Data to go to EMIS record. Pilot in two practices.

Judgements

Rationale (1-3)	3: Unclear
Aims (1-3)	2: Partly
Design (1-3)	2: Partly
Implementation (1-5)	5: Not at all well
Results (1-5)	5: Ineffective
Relevance (1-3)	3: Low

Conclusions

Looks technology (rather than need) led. Didn't operate well in practice and need for broader approach to greater self-care.

4: Sense.ly Patient Services App

Description

Smartphone app combining an electronic triage service (symptom checking, signposting and information provision), with an appointment booking service for two pilot practices.

Judgements

Rationale (1-3)	1: Clear
Aims (1-3)	1: Clear
Design (1-3)	2: Partly
Implementation (1-5)	4: Slightly well
Results (1-5)	?: No criteria
Relevance (1-3)	3: Low

Conclusions

Lack of clarity over purpose, operation and ‘success’ (and role relative to other services); appears not to have worked as intended.

5: Falls and Fracture Prevention Service

Description

Aims to address high rate of falls in Dudley by coordinating falls and fracture services in the community, general practice, hospitals and voluntary sector. Uses greater clinical input and single point of access. Joint commissioned with Local Authority.

Judgements

Rationale (1-3)	1: Clear
Aims (1-3)	1: Clear
Design (1-3)	1: Clear
Implementation (1-5)	2: Very well
Results (1-5)	2: Very effective
Relevance (1-3)	1: High

Conclusions

Appears well functioning and effective. Need for more focused / in-depth evaluation to look at impact.

6: Care Home Telemedicine Service

Description

Supporting care home staff to help prevent admissions to hospital (particularly out of hours) by providing clinical support to non-clinical staff through telephone or video triage.

Judgements

Rationale (1-3)	1: Clear
Aims (1-3)	1: Clear
Design (1-3)	1: Clear
Implementation (1-5)	3: Moderately well
Results (1-5)	4: Slightly effective
Relevance (1-3)	1: High

Conclusions

Provided guidance - particularly to residential (rather than nursing) home staff. Not seen expected impacts; reduced GP involvement?

7: Care Home End-of-Life Education Programme

Description

Commissioned Mary Stevens Hospice to train and support care home staff in caring for older people with end-of-life and palliative care needs, including in the use of advanced care plans and competency assessments for care staff.

Judgements

Rationale (1-3)	1: Clear
Aims (1-3)	1: Clear
Design (1-3)	1: Clear
Implementation (1-5)	3: Moderately well
Results (1-5)	3: Moderately effective
Relevance (1-3)	1: High

Conclusions

Programme rolled out well with good uptake. Question of skills on-going given high staff turnover.

8: Practice Based Pharmacists

Description

Extension of established service to address medicines-related waste / avoidable harm.

To include: referrals from MDTs; leadership for repeat prescribing management; high risk drugs in practices; drug monitoring and review.

Judgements

Rationale (1-3)	1: Clear
Aims (1-3)	1: Clear
Design (1-3)	1: Clear
Implementation (1-5)	2: Very well
Results (1-5)	2: Very effective
Relevance (1-3)	1: High

Conclusions

Well-established, mature, effective and valuable service. Perhaps a bit of a ‘safe bet’?

9: Prescription Ordering Direct (POD) Contact Centre

Description

Aims to reduce prescribing waste through a centralised telephony system that standardises, coordinates and creates a single point of access for repeat prescribing processes. Also signposts related services. Currently involves five practices.

Judgements

Rationale (1-3)	1: Clear
Aims (1-3)	1: Clear
Design (1-3)	1: Clear
Implementation (1-5)	2: Very well
Results (1-5)	2: Very effective
Relevance (1-3)	2: Medium

Conclusions

Seems effective and cost saving. Would need further assessment and improvement (telephony) before any extension.