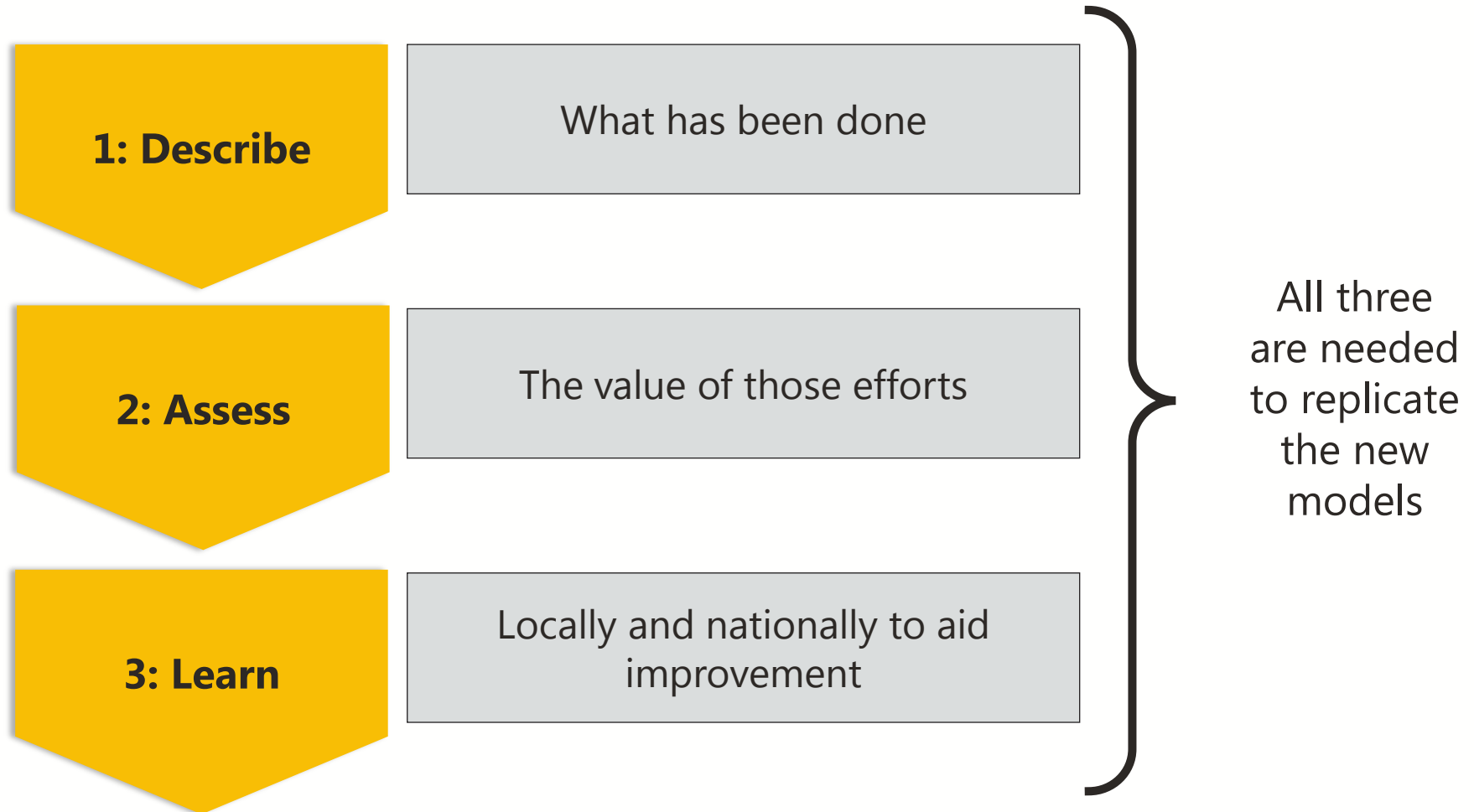


Dudley's local evaluation: headlines from Year 1

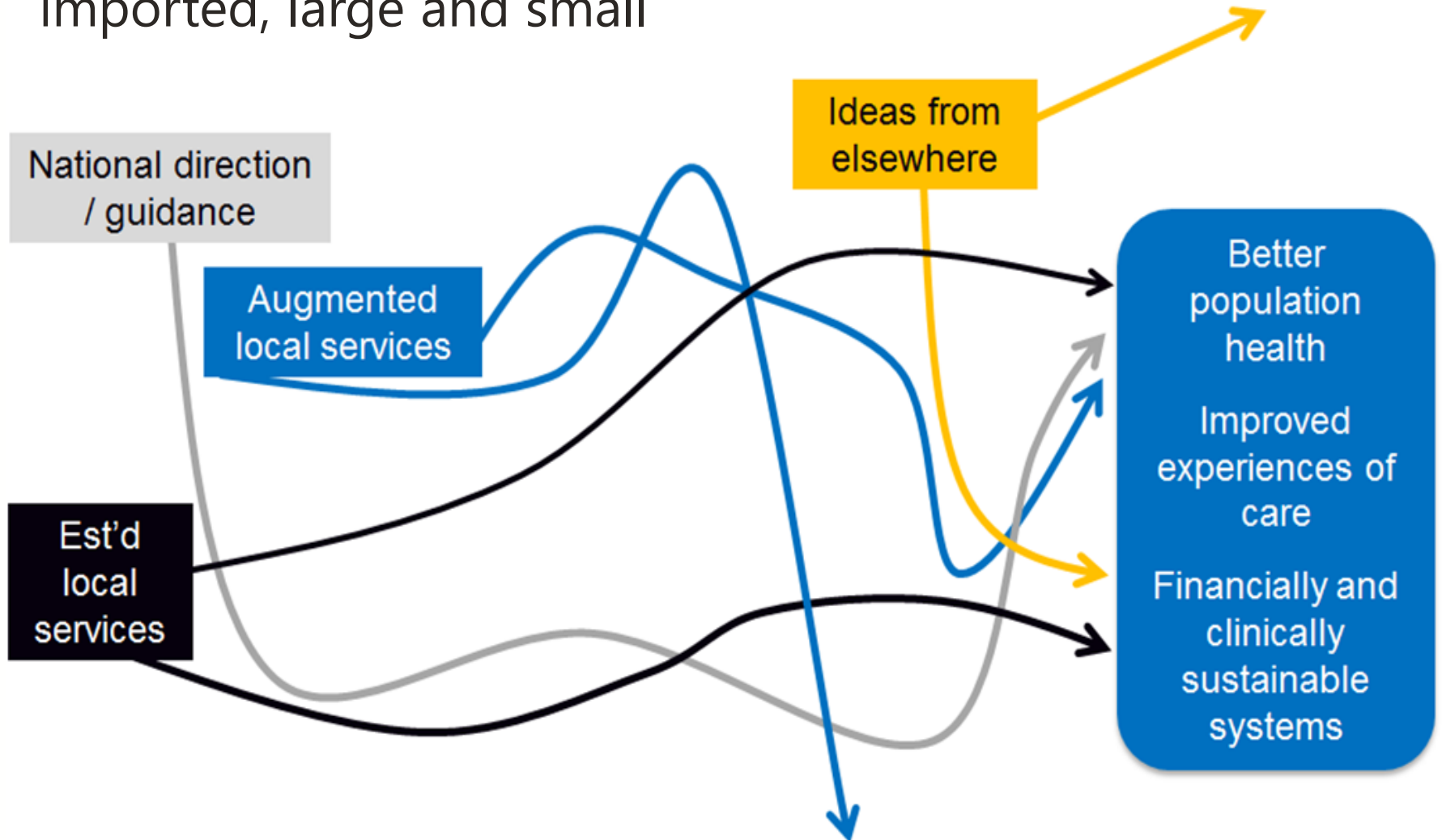
Fraser Battye

22nd May 2017

Reflecting the logic of the NCM programme, local evaluations have been set up with three basic functions



Vanguards are a hard to define, rapidly evolving blend of ideas and initiatives: new and old, homegrown and imported, large and small



To cope with this complexity, we have assembled a highly multi-disciplinary team

And are evaluating at different levels of Dudley's programme

Throughout: mixed methods and applied



UNIVERSITY OF
BIRMINGHAM

System

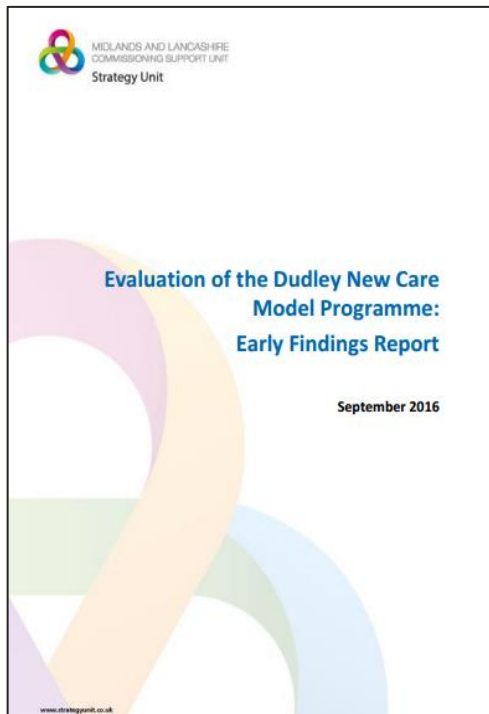
Service:
MDTs

Service:
'New
QOF'

Cross-cutting theme

The next slides contain headlines from these reports

1: Early Findings



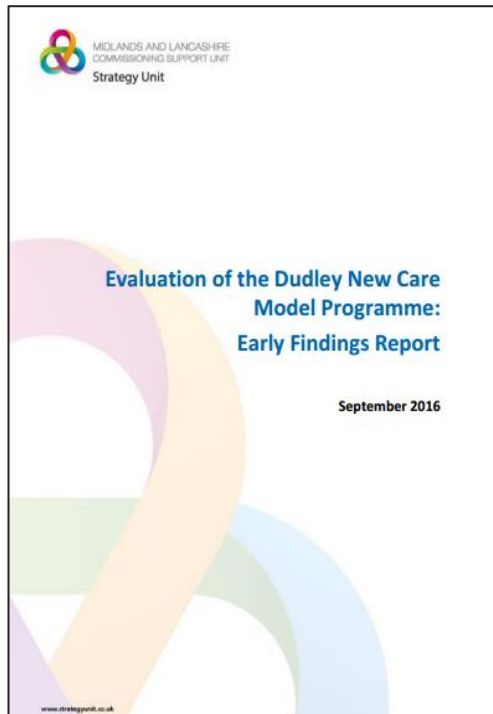
2: Dudley's 'new QOF'

This slide displays the cover of a report. At the top, it features the logos for 'ICF' (a multi-colored starburst), 'UNIVERSITY OF BIRMINGHAM' (a red shield crest), and 'The Strategy Unit.' (a black speech bubble). The title 'Evaluation of Dudley Quality Outcomes for Health: final report' is in blue. Below the title, the authors are listed: 'Kelly Singh¹, Dr Jo Ellins², Dr Robin Miller², Fleur Nash¹, Dr Aisha Ahmad¹, Fraser Battye³, Jake Parsons³'. The date '28th April 2017' is in a blue box, and the contact 'Contact: Kelly.Singh@icf.com' is in a blue box. Footnotes at the bottom left define the superscripts: ¹ ICF, ² Health Services Management Centre, University of Birmingham, and ³ The Strategy Unit, Midlands and Lancashire CSU.

3: MDTs in primary care



This slide shows the cover of a report. The title 'Evaluation of the Dudley Multidisciplinary Teams (MDTs)' is in blue, with 'Summary of Final Report' in smaller text below it. The date 'May 2017' is in a blue box. At the bottom, it features the 'ICF' logo, 'The Strategy Unit.' logo, and the text 'For: NHS Dudley Clinical Commissioning Group'. Below this, the authors are listed: 'Reuben Balfour and Paul Mason (ICF), Fraser Battye and Jake Parsons (SU)'.

1: Early Findings



- Strategic level interviews, summer 2016
- Shared, clear definition of difficulties facing Dudley's system: 'Do Nothing' not an option
- Broadly shared / logically described sense that an MCP could address these difficulties
- Tensions and challenges putting this model into practice, even in context of non-stressed system
- Highlighted need to focus on primary care entering into procurement

2: Dudley's 'new QOF'

UNIVERSITY OF
BIRMINGHAM

The
Strategy
Unit.

Evaluation of Dudley Quality Outcomes for Health: final report

Kelly Singh¹, Dr Jo Ellins², Dr Robin Miller², Fleur Nash¹, Dr Aisha Ahmad¹, Fraser Battye³, Jake Parsons³

¹ ICF

² Health Services Management Centre,
University of Birmingham

³ The Strategy Unit, Midlands and
Lancashire CSU

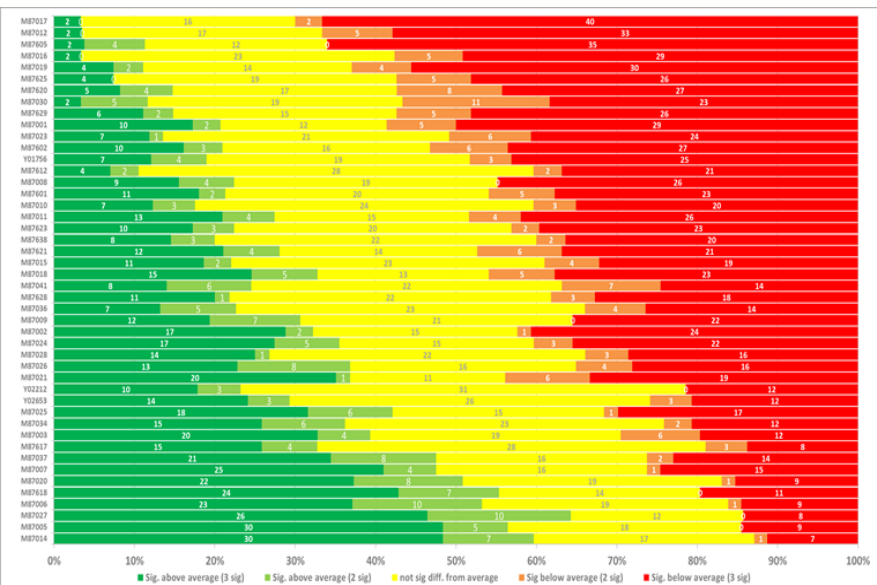
28th April 2017

Contact:
Kelly.Singh@icf.com

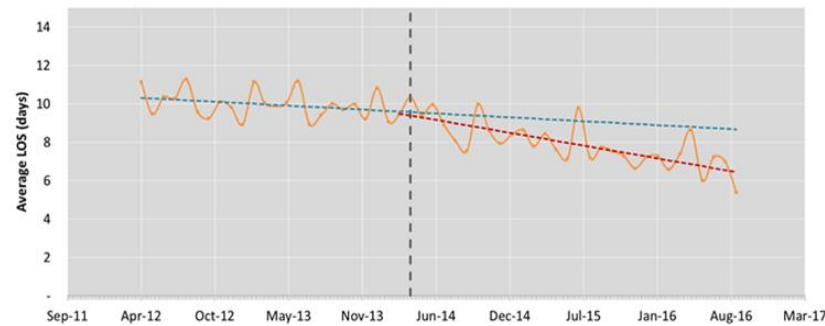
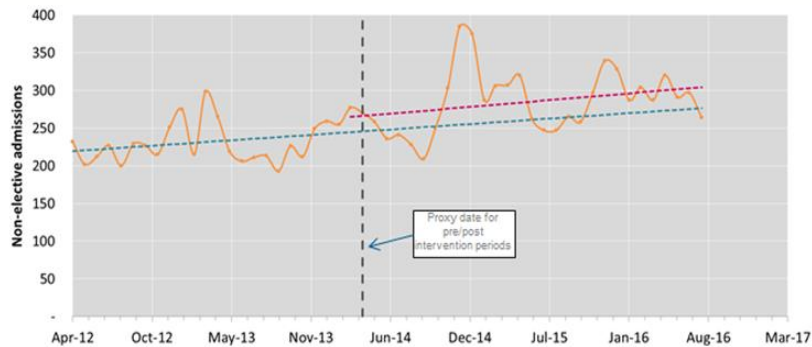
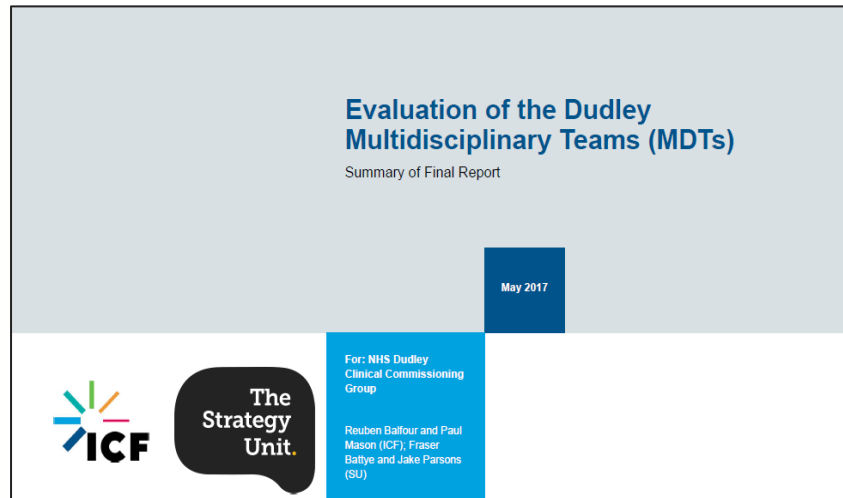
- Just completed; highly mixed-methods
- A story of variation:
 - Same framework with one aim (better LTC care); different practices, no single operating model
 - Implementation and results very different
 - Some evidence of efficiency gains in practices

Next:

- Push on care planning and shared decision making
- Make positive use of this variation (experiments in practice)
- More information – e.g. on practice costs / likely system benefits

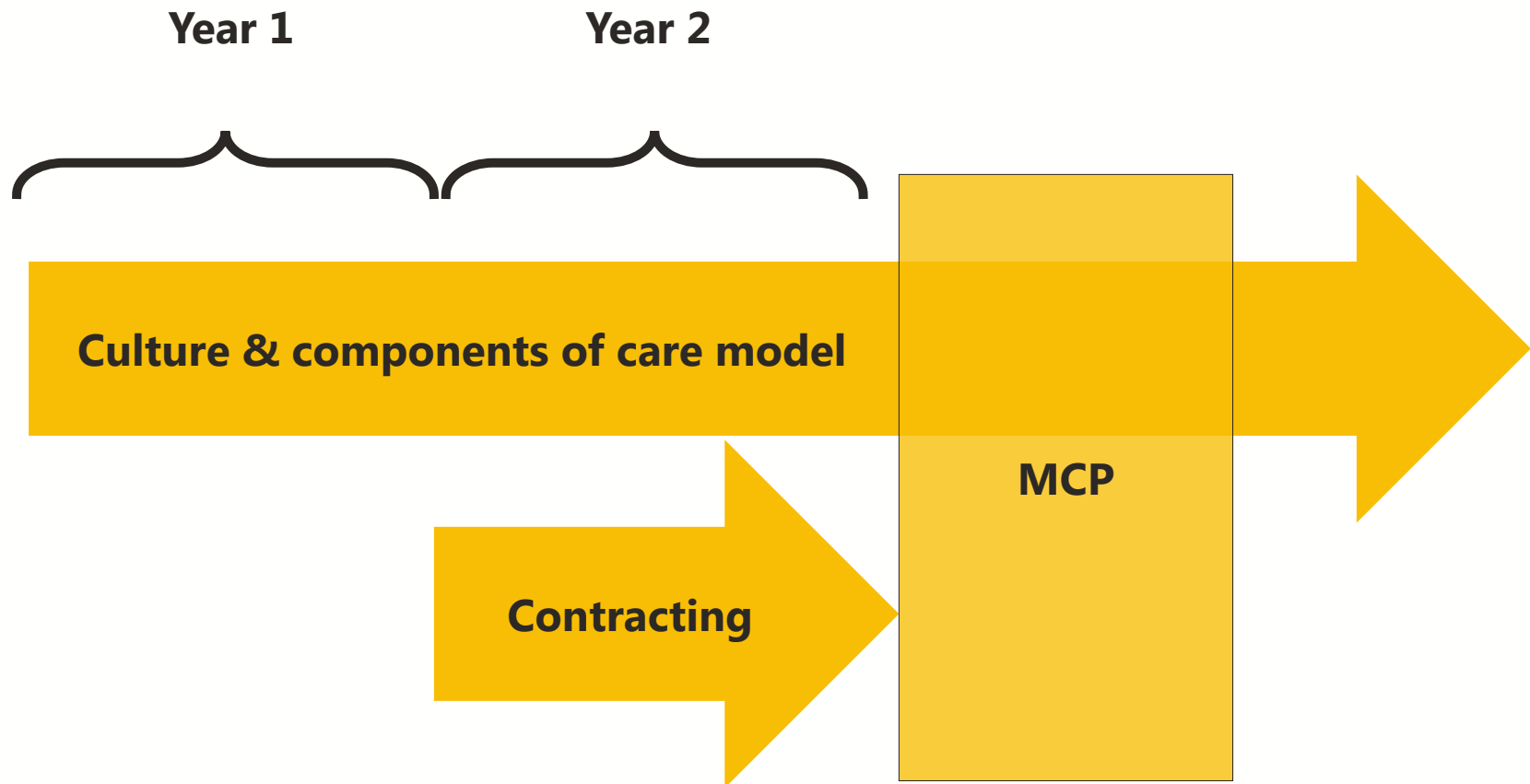


3: MDTs in primary care



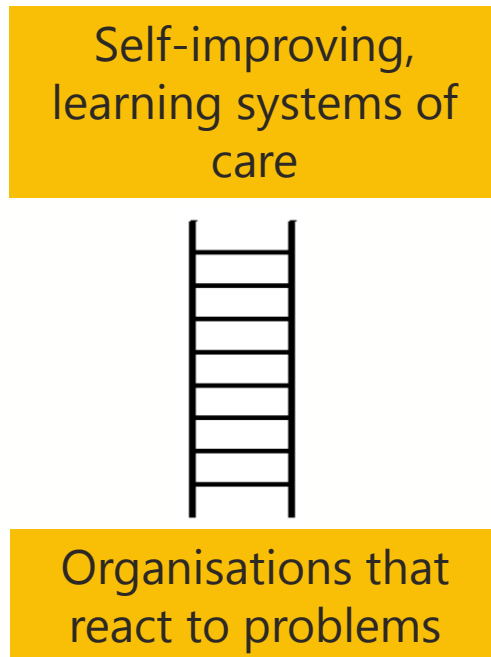
- Just completed; highly mixed-methods
- Consensus that MDTs are the right way to coordinate care for some patients
- Evidence of expected benefits for staff (in particular) and patients
- Evidence of reductions in primary care use – voluntary sector element vital
- Apparent impact on length of stay but not admissions
- Next:
 - Operational tweaks – including targeting
 - Data – including patient reported

Next year, the evaluation will extend to include the commissioning and contracting process

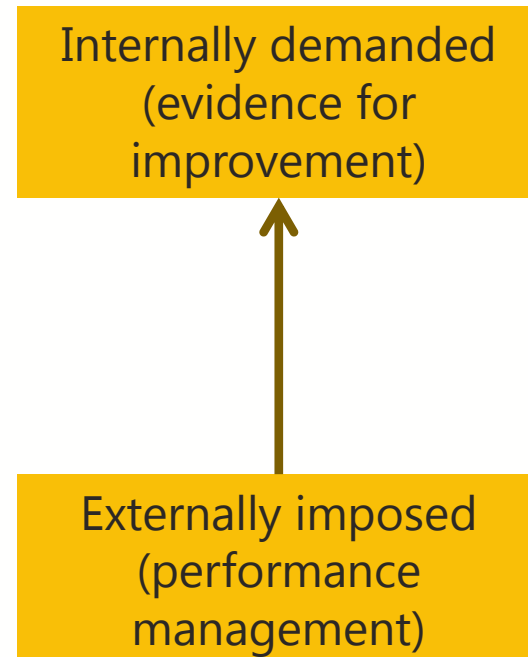


And we're also thinking about the ongoing use of evidence to support learning and self-improvement within the MCP

MCPs have the opportunity to move up this scale...



...which means changing the use of data and evidence



Many thanks for listening

fraser.battye@nhs.net