Person-Centred Intelligence

Our guide to implementation and our offer of support

Contents

Measuring what matters in systems - a call for 'person-centred' intelligence

We are at risk of losing sight of what matters to the populations we serve. The move towards system working in health and care is commendable and offers an opportunity to begin to reverse some of the fragmentation that has evolved over the last few decades. There is clearly a significant desire to move towards funding and monitoring arrangements that are based on outcomes. This is particularly important as systems aspire to take responsibility for optimising health and care resources. So, in these systems, what is measured will really matter.

But the primary purpose of our services is to improve the lives of people. To what extent do we really understand what they value, what matters to them? Or the degree to which services make a difference to their lives? There's a strong policy steer towards a person-centred worldview –

with personalisation and involvement coming to the fore. And many health and care systems have explicitly stated intentions which support this, intending to implement measures which focus on the needs of the people they serve and involve them in the process of deciding what to measure and how to measure it. We would describe this approach as **'person-centred intelligence' (PCI)**.

However, we've observed a series of challenges that can undermine these efforts, often due to insufficient effort expended at the design stage of projects. We think the solution is predicated on spending far more time on the question of 'why' in the first instance – and to do that in partnership with the population that is being served. Why are we looking to measure something? What decisions will it inform? What impact are we hoping it will achieve? In health and care, we're

entrusted to make decisions that use the benefits of our knowledge, skills and experience – but that doesn't extend to making assumptions as to 'what matters' to the population. It is therefore our responsibility to seek out the opportunities to build our understanding, to provide the mechanisms for involvement in the decision-making process, for those who want it. And to keep returning to 'why' and 'what matters' as the touchstone questions as work progresses.

Measuring what matters in systems - a call for 'person-centred' intelligence

So, Integrated Care Systems need a route to implementation which is practical, flexible and can be applied to a wide range of local settings. In response, we've outlined a high-level approach in this guide to implementing person-centred intelligence. It is supplemented by a series of 'explainers' which explore key considerations in more detail (for example designing and selecting a sample, choosing methods for data collection etc.). And it is accompanied by an offer of support at every stage, which can range from informal advice, through to acting as a delivery partner at each stage of implementation.

We want this to be the start of a move towards systems making a significant effort to genuinely understand the preferences of their populations and to involve them in the decision-making process about what to measure and how.

If you'd like to be part of this – please **get in touch**.
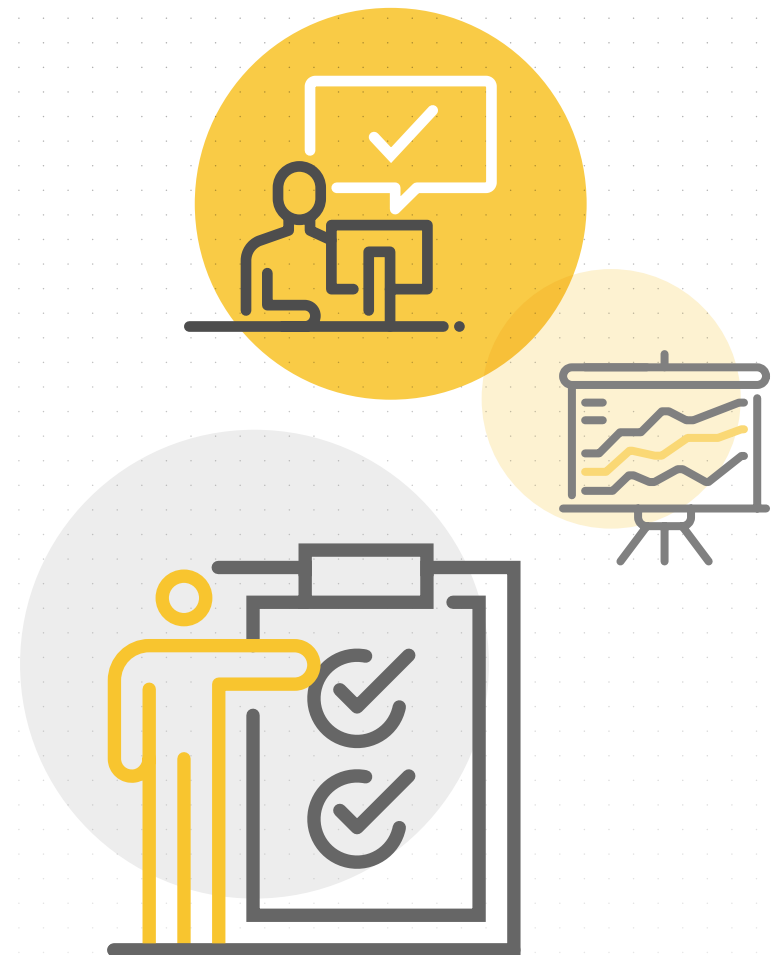
What do we mean by 'person-centred intelligence'?

We take a broad definition:

Any data we collect that...

...focuses on the needs of people rather than systems and organisations

...involves them in the process of deciding what to measure and how to measure it

It relates to the concepts that underpin **person-centred care**...

For the purposes of this pack, we've focused on quantitative **person-reported measures**...

We have brought together:

the views of national policy experts, clinicians, researchers and those who have implemented person-reported measures

our findings from a detailed review of the current evidence

insight from expertise and experience drawn from across the team at The Strategy Unit and Ipsos MORI

What do we mean by 'person-centred care'?

Person-centred care

(a.k.a...patient-centred care, personalisation, individualised care, patient-centric care, mutuality)

Describes approaches which...

- Are **holistic**
- Meet the person's needs and priorities **before** those of the system or its professionals
- **Engage** people in their care as fully as possible
- Attempt **to support people** to take decisions and to be as much in control as possible.

National Voices, 2017

Encompasses a set of principles...

- Affording people **dignity, compassion and respect**
- Offering **co-ordinated and personalised care**, support or treatment
- Supporting people to **recognise and develop** their own strengths and abilities

Health Foundation, 2016

We're using the word 'person'...

...to avoid connotations of a traditional paternalistic clinician-patient relationship

...to reflect care beyond the NHS

...to recognise the importance of carers, staff and the wider population

...to encourage a whole-person perspective, instead of focusing on roles

Why is it important?

Adopting a person-centred approach to care can benefit...

Population health

Population health

Individuals who have more knowledge, skills and confidence to manage their health and health care are more likely to **engage in positive health behaviours** and to **have better health outcomes.**

This is increasingly vital as the needs of the population become more complex...

18% → **25%**
2016   **2046**
        (PROJECTED)

Proportion of population in England aged 65+

1.9m → **2.9m**
2008   **2018**

Number of people with multiple Long Term Conditions in England

Person-centred care is also a key element of the NHS Long Term Plan...

"The NHS also needs a more fundamental shift in how we work alongside patients and individuals to deliver more person-centred care, recognising... **the importance of 'what matters to someone' is not just 'what's the matter with someone'.** Since individuals' values and preferences differ, ensuring choice and sharing control can meaningfully improve care outcomes."

Why is it important?

Adopting a person-centred approach to care can benefit...

Patient experience

Patient experience

Patients who have the opportunity and support to make decisions about their care and treatment in partnership with health professionals are **more satisfied with their care.**

This is increasingly vital as the needs of the population become more complex...

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Why is it important?

Adopting a person-centred approach to care can benefit...

Cost effectiveness

When people play a more collaborative role in managing their health and care, they are **less likely to use emergency hospital services, more likely to stick to their treatment plans** and **take their medicine correctly.**

Cost effectiveness

This is increasingly vital as the needs of the population become more complex...

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Why is it important?

Adopting a person-centred approach to care can benefit...

Staff experience

Person-centred care is good for health care professionals too. As patient engagement increases, there are **increases in staff performance and morale.**

Staff experience

This is increasingly vital as the needs of the population become more complex...

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What are person-reported measures?

Person-reported measures are...

self-reported measures completed by patients, carers or staff via questionnaires and surveys.

Examples include measures of outcomes, experience or capability...

Outcome measures

Outcome measures are subjective reports of an individual's health or wellbeing status.

For example:

Patients – quality of life, mobility, wellbeing

Carers – control over daily life, social participation, involvement

Staff – quality of life, wellbeing

What are person-reported measures?

Person-reported measures are...

self-reported measures completed by patients, carers or staff via questionnaires and surveys.

Examples include measures of outcomes, experience or capability...

Experience measures can cover both objective experiences and subjective experiences.

Experience measures

Objective experiences

Objective experiences focus on specific aspects of the processes of care.

For example:

Patients – how long they waited for an appointment, whether they had to repeat information

Carers – assistance/support received from organisations

Staff – have you had a PDR, do you have development objectives, experiences of service integration

What are person-reported measures?

> **Person-reported measures are...**
>
> **self-reported measures completed by patients, carers or staff via questionnaires and surveys.**

Examples include measures of outcomes, experience or capability...

Experience measures

Experience measures can cover both objective experiences and subjective experiences.

Subjective experiences

Subjective experiences focus on whether expectations were met.

For example:

Patients – satisfaction with care, waiting times, how able they feel to manage their condition

Carers – satisfaction with the support received

Staff – job satisfaction, satisfaction with care provided to patients

What are person-reported measures?

Person-reported measures are...

self-reported measures completed by patients, carers or staff via questionnaires and surveys.

Examples include measures of outcomes, experience or capability...

Capability measures such as 'patient activation' have recently featured prominently in national policy.

Learn more in our guide to patient activation and also perspectives on patient activation, which summarises findings from our stakeholder interviews.

Capability measures

How can we use them?

There are a range of potential uses of person-reported measures...

Supporting clinical practice

Supporting clinical practice

Informing clinical decisions

- Monitoring disease progression or response to treatment
- Risk stratification and pathway allocation
- Decision making for screening, diagnosis or treatment

Promoting person-centred care

- Prioritisation and goal setting
- Self-management
- Shared-decision making
- Personalised care planning
- Communication between patient and clinician

These are based on data collected at the **individual level**...

How can we use them?

There are a range of potential uses of person-reported measures...

Performance measurement

Performance measurement

Quality improvement

- Identification of issues – stimulating audit and research
- Benchmarking with other providers
- Stimulating local service improvement
- Informing public choice of provider

Commissioning

- Performance monitoring
- Selective contracting
- Risk stratification
- Outcomes-based commissioning

These uses require **aggregated data...**

How can we use them?

There are a range of potential uses of person-reported measures...

Regulation and evaluation

Regulation

- Population health monitoring and prioritisation
- System performance monitoring

Evaluation

- Evaluation of initiatives/research
- Effectiveness of treatment outcomes

These uses require **aggregated data...**

Why are we working on this?

Implementing person-centred intelligence (PCI) is a high priority for many health and care systems...

...and there is a desire to move towards funding and monitoring arrangements that are based on **outcomes**

...this is particularly important as systems aspire to take responsibility for **optimising health and care resources** on behalf of their populations.

But we've observed a series of challenges that can undermine these efforts:

- Little thought or effort expended towards finding out 'what really matters' to the population of interest...
- Limited understanding of what data is already available and the lessons that can be learned from elsewhere...
- Large quantities of data being collected, without a clearly articulated purpose...
- Projects stalling in the early stages of implementation, due to lack of resources or direction...

This pack describes our approach to implementing PCI and a practical offer of support – combining the capabilities of The Strategy Unit and Ipsos MORI.

It is supported by a series of guides and other resources, hosted on **a dedicated microsite**...

Our approach to person-centred intelligence...

...is based on working through a structured process:

→ → → →

...underpinned by **three cross-cutting themes:**

Reviewing, incorporating and producing evidence

So work is evidence-informed, and we commit to disseminating our findings throughout

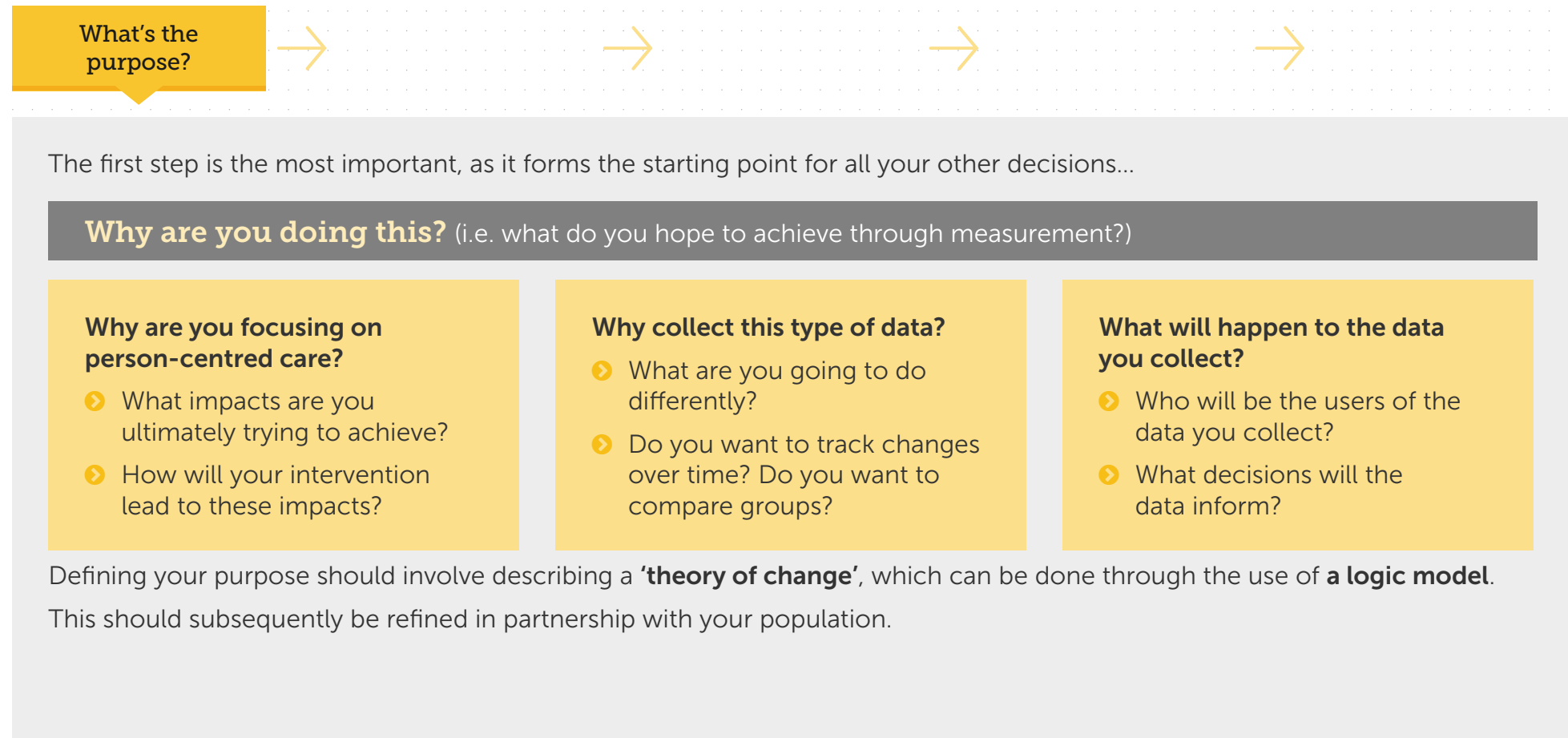| Building capability through training and development |
| --- |

So individual projects leave a skill 'legacy' and prepare the ground for more ambitious work

Evaluating change

So we learn lessons from the implementation process and understand our impact

Our approach to person-centred intelligence...

...is based on working through a structured process:

What's the purpose? → → → →

The first step is the most important, as it forms the starting point for all your other decisions...

Why are you doing this? (i.e. what do you hope to achieve through measurement?)

Why are you focusing on person-centred care?

- What impacts are you ultimately trying to achieve?
- How will your intervention lead to these impacts?

Why collect this type of data?

- What are you going to do differently?
- Do you want to track changes over time? Do you want to compare groups?

What will happen to the data you collect?

- Who will be the users of the data you collect?
- What decisions will the data inform?

Defining your purpose should involve describing a **'theory of change'**, which can be done through the use of **a logic model**.

This should subsequently be refined in partnership with your population.

Our approach to person-centred intelligence...

...is based on working through a structured process:

Who are the population?

Having described the purpose of the data you are collecting, you need to define the 'target population'...

The entire group of people whose outcomes or experiences you wish to understand

This is vital, so that you:

- ☑ Know who any data collected relates to
- ☑ Can select a sample accurately
- ☑ Can engage with the population

Once the population is specified, you can involve them in the co-design process – so you can **understand the outcomes that matter to them** and **involve them in the decisions that follow**.

Potential mechanisms include focus groups, surveys, workshops and other co-production techniques.

Our approach to person-centred intelligence...

...is based on working through a structured process:


What will we measure?
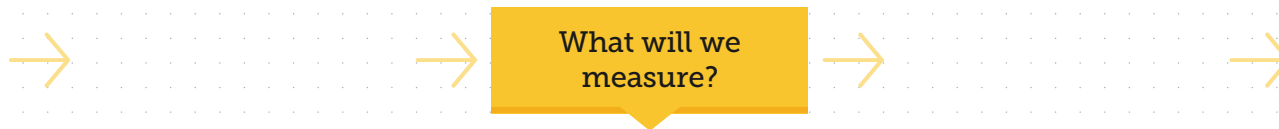
When selecting measures in partnership with your population, use the hierarchy to the left to make your decision...

...resource implications increase significantly at each stage, so each time it is important to consider whether the measure is 'good enough' for your original purpose.

Our approach to person-centred intelligence...

...is based on working through a structured process:

→   →   **What will we measure?**   →   →
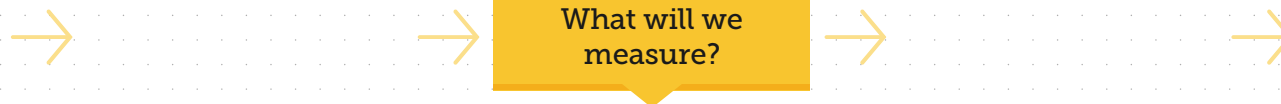
1. What data are already available?

What data are already available?

A range of person-centred measures are already collected – so **review what is already available locally and nationally...**

Advantages:

- Saves resource
- Reduces burden on those collecting data (and those it is collected from)
- Potential to add local questions in some national surveys

Limitations:

- Unlikely to be a perfect fit between existing dataset and your needs – but is it 'good enough'?

Ask yourself...

Is the available data fit for purpose?
Does it measure what matters to patients/carers/staff?
Given what you want to use it for, are the numbers of responses sufficient?
To what extent does your target audience overlap with this data?

For example

Patients
National PROMs
CQC National Patient Survey Programme
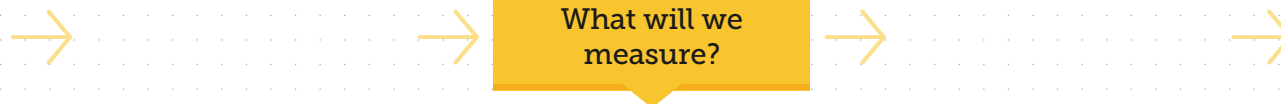GP Patient Survey

Carers
Survey of Adult Carers in England

Staff
NHS England National Staff Survey Programme

Our approach to person-centred intelligence...

...is based on working through a structured process:

What will we measure?

Are there existing validated measures that are appropriate?

If there isn't an appropriate dataset to draw on, use an existing validated measure and design a new data collection.

2. Are there existing validated measures that are appropriate?

- **There are thousands of validated tools available,** so selecting an appropriate tool can be a difficult task!
- **By 'tool', we mean a standardised question or set of questions** designed to assess some aspect of an individual's health status, capability or experience
- **You should co-produce the criteria for selection** with representatives from your population and other stakeholders...
- **It is highly likely that you will need to make trade-offs** between different criteria...

We have highlighted a range of tools in our...
guide to selecting the right measure

Selection criteria that could be considered:
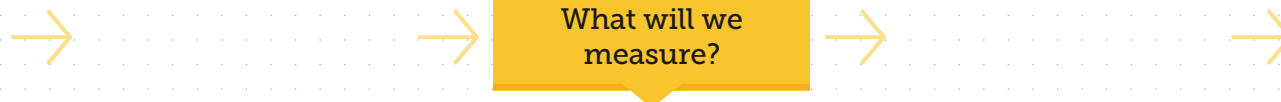- User friendliness
- Feasibility
- Responsiveness
- Cost
- Validity
- Reliability
- Meaningfulness
- Widespread usage

Keep returning to your original purpose!

Our stakeholders also suggested a **range of criteria** to consider...

Our approach to person-centred intelligence...

...is based on working through a structured process:

What will we measure?

Should we develop a new measure?

Developing a new measure is a **last resort...**

There are **significant cost and time implications** to making this choice...

...so it should only be done after careful consideration of existing surveys and validated measures!

If this is the decision... **it may be productive to collaborate with other systems to develop a tool...**

...especially those that share **similar characteristics** with your own system.
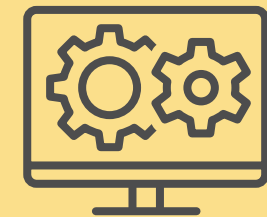
3. Should we develop a new measure?

Our approach to person-centred intelligence...

...is based on working through a structured process:

→ → → **How will we measure it?** →

1. Design and select a sample

Design and select a sample

If data aren't already being collected **you need to design and implement a new data collection**.

First, you need to identify a **sampling frame.**

> The source material or list from which you will select the sample

Then you need to decide on a **sample size**...

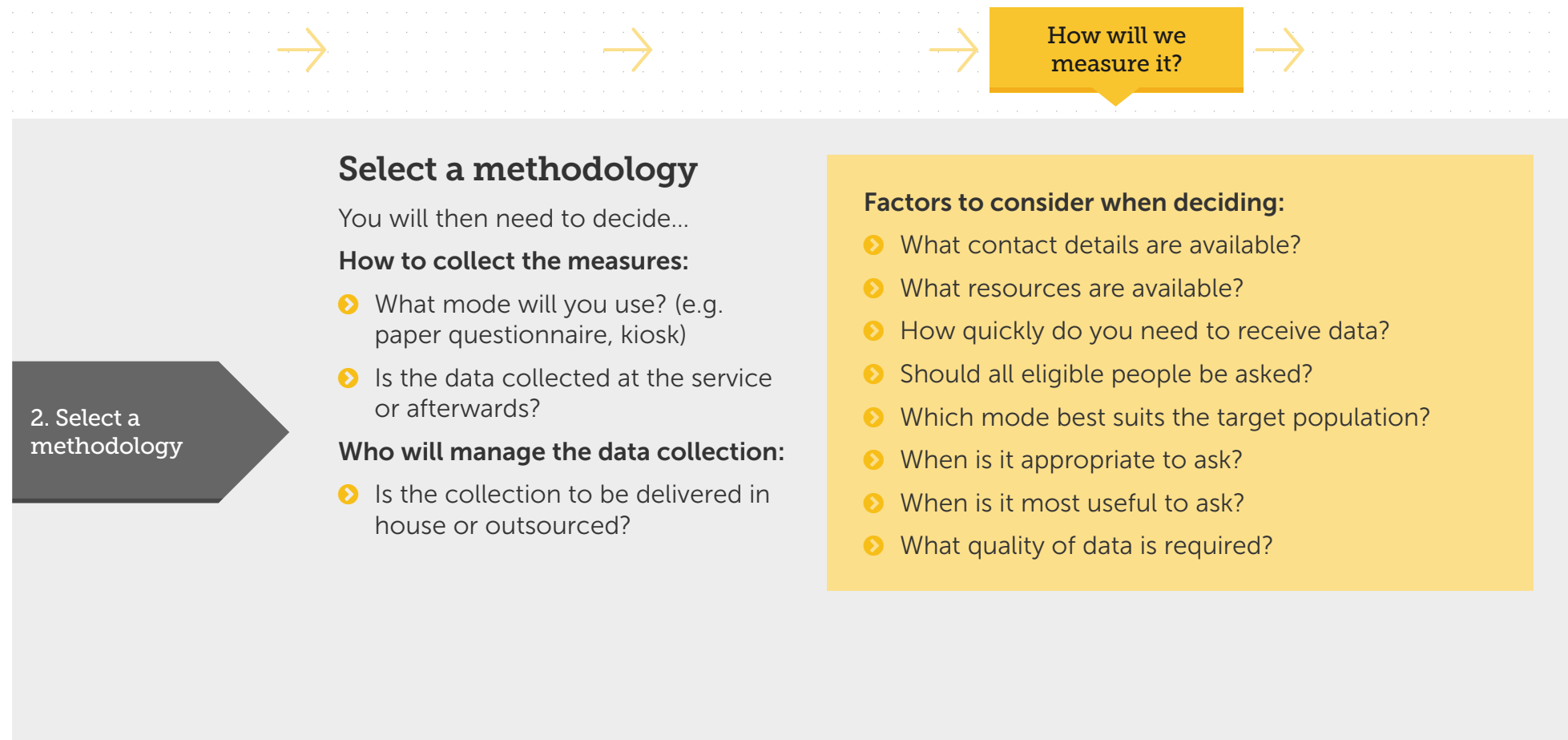> The number of people you will request to complete the measure

and consider the **response rate** needed.

> The proportion of those requested who complete the measure

Finally, **select the sample.**

Our approach to person-centred intelligence...

...is based on working through a structured process:

How will we measure it?

2. Select a methodology

Select a methodology

You will then need to decide...

How to collect the measures:

- What mode will you use? (e.g. paper questionnaire, kiosk)
- Is the data collected at the service or afterwards?

Who will manage the data collection:

- Is the collection to be delivered in house or outsourced?

Factors to consider when deciding:

- What contact details are available?
- What resources are available?
- How quickly do you need to receive data?
- Should all eligible people be asked?
- Which mode best suits the target population?
- When is it appropriate to ask?
- When is it most useful to ask?
- What quality of data is required?

Our approach to person-centred intelligence...

...is based on working through a structured process:

How will we measure it?

Consider wider factors and implement collection

There are several other factors to consider...

Data security and confidentiality:

- Will you be able to keep the data you collect safe?
- Do you have the right permissions to use people's data how you need to?

Ethics:

- Are there safeguards in place for vulnerable people?
- Is it appropriate to approach everyone in the sample?

Accessibility:

- Is the data collection accessible?
- Will it systematically exclude some groups?

There are also a range of steps you can take to **maximise response rates...**

3. Consider wider factors and implement collection

Our approach to person-centred intelligence...

...is based on working through a structured process:

→   →   →   →   **How will we use our findings?**

How you use the data should be informed by your original purpose... but this may evolve over time!

You should...

Assess the quality of the data

So you can determine how reliable it is as the basis for your decision-making...

Develop an analysis plan (and carry it out)

Stay focused on answering the key questions. This may mean not looking at every piece of data!

Report the data – Consider your audience!

What are their needs? What's the narrative? Use visual aids to support understanding and provide details of your methodology.

Interpret the data

Triangulate findings to corroborate them & look for logical explanations.

Additional qualitative research can help add depth, understand causes & develop actions.

The Strategy Unit and Ipsos MORI are working in partnership to support systems to implement PCI

The Strategy Unit is a leading health and care consultancy, operating from within the NHS.

- ❯ We work on complex challenges. Our support is most valuable where the need for innovation is high and the suitability of standard approaches is low – and we are committed to the ongoing development of our clients.

- ❯ We combine high end analytical support, a nationally-regarded mixed methods evaluation service, and an advisory practice that supports leaders to understand the challenges they face, develop solutions and implement change.

- ❯ We believe that clear thinking and applied analysis improves decision making and implementation. This leads to better results.
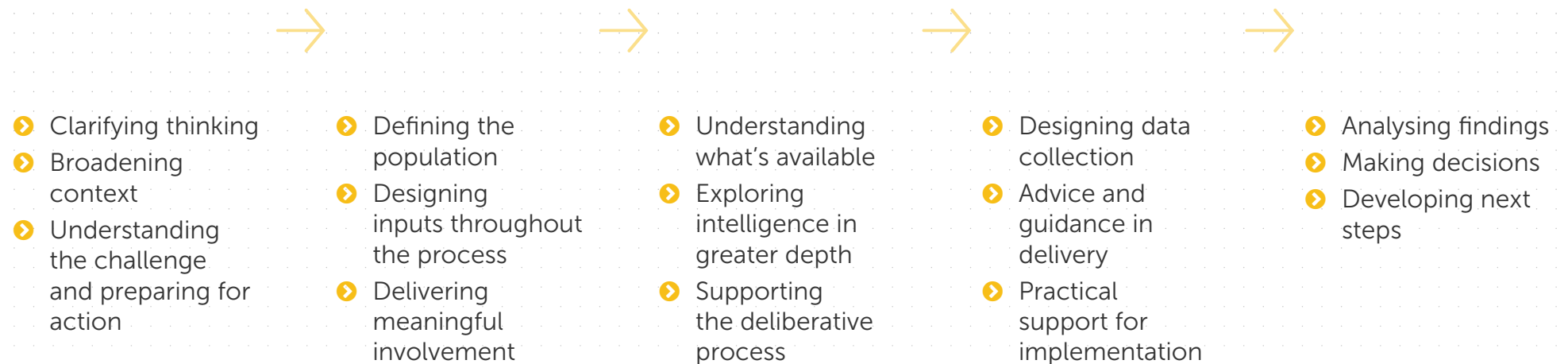
Ipsos MORI is one of the world's largest research organisations.

- ❯ Our health and care sector specialists undertake the highest quality research and evaluation that puts us at the forefront of a range of policies and interventions.

- ❯ We work across the policy and programme cycle; informing their development and ensuring the patient/public voice is heard, understanding and improving how they are implemented, and assessing their impact.

- ❯ As well as the capability to operate at this significant scale, we are expert in providing flexible support to our clients to build their understanding of findings at pace, and therefore make better-informed decisions.

We can act as your partner at any or all stages of the process of implementing PCI

The Strategy Unit and Ipsos MORI can support you at every stage

→

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→

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- Clarifying thinking
- Broadening context
- Understanding the challenge and preparing for action

- Defining the population
- Designing inputs throughout the process
- Delivering meaningful involvement

- Understanding what's available
- Exploring intelligence in greater depth
- Supporting the deliberative process

- Designing data collection
- Advice and guidance in delivery
- Practical support for implementation

- Analysing findings
- Making decisions
- Developing next steps

The Strategy Unit and Ipsos MORI can support you at every stage

What's the purpose?

The challenge	Our approach	The outcome

The challenge

- It is too easy to 'jump ahead' to specific measures or methodologies, without thinking through, agreeing and articulating the underlying purpose.

- Implementing person-centred intelligence may also be seen as a standalone or 'box-ticking' project, rather than an approach to be widely incorporated across a system.

- In addition, there is a risk that this thinking is informed by anecdote and individual biases rather than rigorous analysis.

The Strategy Unit and Ipsos MORI can support you at every stage

What's the purpose?

→ → → →

The challenge	Our approach	The outcome

Our approach

> **Thinking clearly:** We can help you structure your thinking to develop the 'why' behind PCI, providing coaching and advice to refine your core ideas and to clearly describe the decisions that this data will inform.

> **Thinking broadly:** We can build your understanding of how PCI fits into your broader system context, incorporating policy and strategy review. We can challenge your current thinking on context, helping you to consider a broader range of perspectives and drawing on techniques such as scenario planning.

> **Understanding the challenges:** We can support you to come to consensus on the key issues – undertaking quantitative and qualitative analysis to inform your thinking, helping you to benchmark the current state and acting as a neutral third party as you consider findings. We can help you build a compelling case for change and prepare for the practicalities of implementation.

The Strategy Unit and Ipsos MORI can support you at every stage

What's the purpose? → → → →

The challenge	Our approach	The outcome

The outcome

- You have a clear and agreed purpose for PCI, informing the decisions you take throughout the implementation process.

- You make choices that reflect your contextual needs and support the wider work taking place in your system – rather than e.g. putting in place the latest measure that has gained a high profile.

- You understand the challenges that are faced as you move towards making changes and you are set up for success in addressing them.

The Strategy Unit and Ipsos MORI can support you at every stage

Who are the population?

The challenge	Our approach	The outcome

The challenge

- The population of interest may not be adequately defined – limiting efforts to meaningfully involve them in the process and identify resources available to support them.

- Involvement is frequently surface level, reflects views from 'the usual suspects', or it is an afterthought. This can lead to a false impression as to what matters to the population.

- It may also rely on a limited selection of techniques, and underestimate the capacity and capability of the population to help drive decision-making.

The Strategy Unit and Ipsos MORI can support you at every stage

Who are the population?

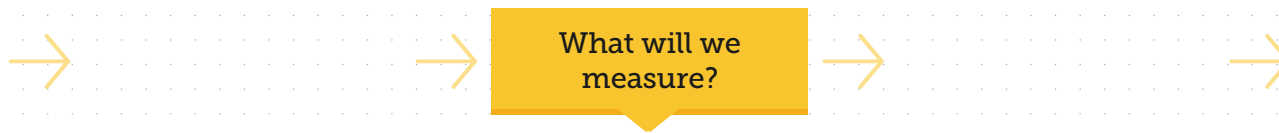| The challenge | Our approach | The outcome |

Our approach

Defining population: We can take you through a structured process to segment your population of interest – establishing inclusion/exclusion criteria, overlap with other groups and identifying ambiguities that could impact on analysis.

Designing their inputs: We can help you design a meaningful programme of involvement for your population as you implement PCI – both at key decision points and on an ongoing basis.

Delivering involvement: Our support can include advice and guidance or directly supporting delivery – this can range from surveys and qualitative approaches (such as focus groups to understand 'what matters' to the population), to co-design workshops to develop logic models, to large-scale engagement events.

The Strategy Unit and Ipsos MORI can support you at every stage

Who are the population?

The challenge	Our approach	The outcome

The outcome

- You understand who you're talking about – and need to work with – helping you to engage effectively and informing the decisions that you make at later stages.

- You have a defined means of involving your population, so you can have greater confidence that you are being truly person-centred in your approach.

- You can draw on a wider set of expertise (and capacity) in order to move beyond traditional approaches to involvement – incorporating input from your population into key decisions, as well as 'pulse checks' as work progresses.

The Strategy Unit and Ipsos MORI can support you at every stage

What will we measure?

The challenge	Our approach	The outcome

The challenge

- Existing data are frequently not used to their full potential — many are unaware of the questions that can already be answered, as well as the range of validated measures that are available where a new data collection is needed.

- Decisions on choice of measures are made without reference to clearly defined criteria (particularly what matters to the population and the original purpose).

- Decisions may also be based on findings from limited analysis, which does not explore underlying causes in depth.

The Strategy Unit and Ipsos MORI can support you at every stage

→ → **What will we measure?** → →

The challenge	Our approach	The outcome

Our approach

⬤ **Understanding what's available:** We can signpost you to existing datasets, draw on data we have access to (such as national PROMs data linked at patient level) and assess the quality of data you are currently collecting. We can help you map 'what matters' to your population to the data that are currently available – assessing the pros and cons of using existing datasets, identifying any gaps and describing the analytical questions that you can already answer.

⬤ **Looking deeper:** We can help you explore the 'why' behind current trends by drawing on qualitative approaches (ranging from surveys to interviews to focus groups) – to better inform your decision-making process.

⬤ **Supporting deliberations:** We can support you to design criteria to evaluate additional measures, review in depth the measures which fit your requirements (including strengths, weaknesses and lessons from implementation) and make recommendations or facilitate your deliberative process. We can also help you to design new collection tools if required.

The Strategy Unit and Ipsos MORI can support you at every stage

→   →   **What will we measure?**   →   →

The challenge	Our approach	The outcome

The outcome

- You have a clear and defensible process for selecting measures, based on criteria that reflect population preferences and your purpose.

- In addition, you will have adequately considered 'what's out there already', and be able to make an informed decision on what to measure.

The Strategy Unit and Ipsos MORI can support you at every stage

How will we
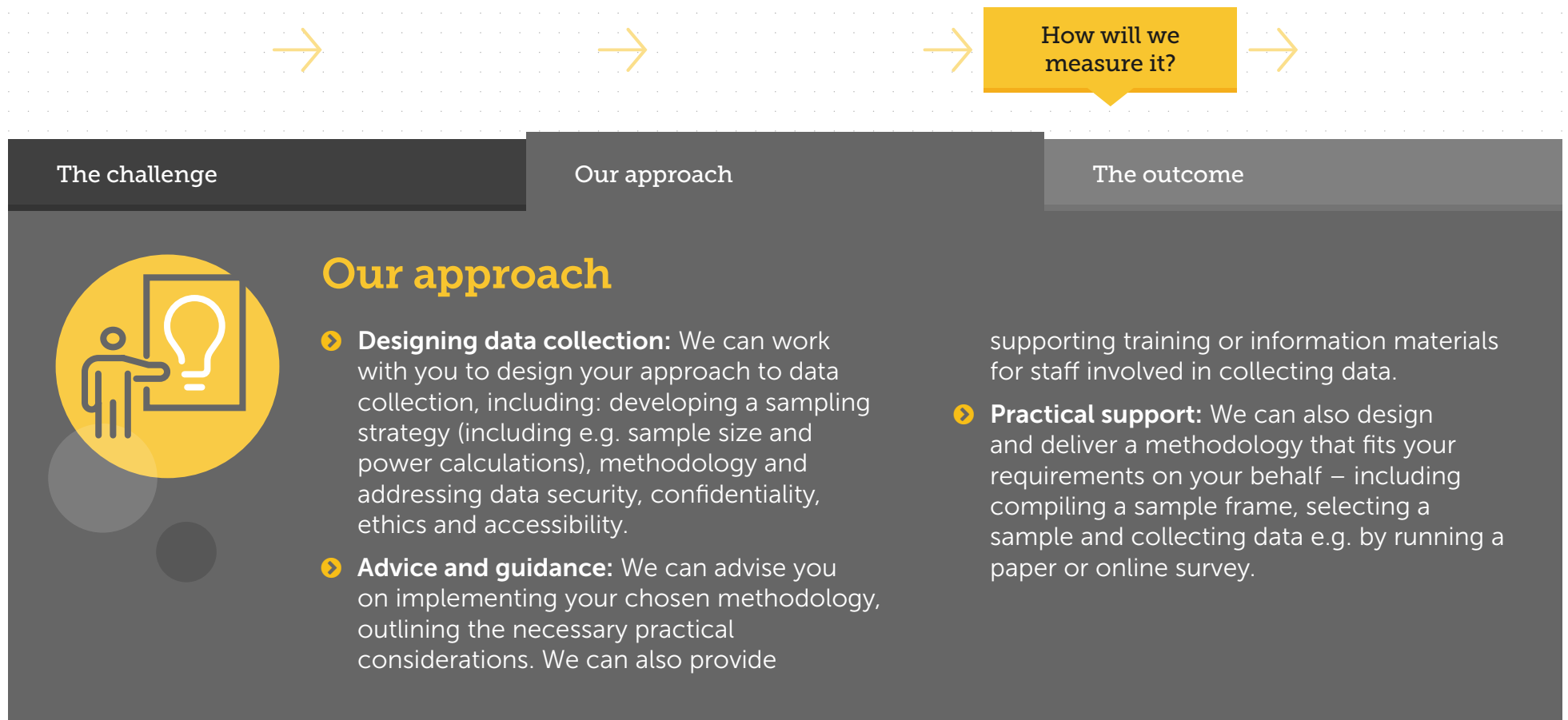measure it?

| The challenge | Our approach | The outcome |

The challenge

- There may be inadequate thought given to the means of collecting data that comprises PCI – especially where this is being done on a previously untried scale. This can lead to significant stumbling blocks during implementation.

- Limits to capacity for collection, or capability to deliver specific methodologies may hamper efforts to do something meaningful or innovative – so plans can get scaled back.

- Even where data collection proceeds as planned, the full benefit may not be realised due to e.g. low response rates.

The Strategy Unit and Ipsos MORI can support you at every stage

How will we measure it?

The challenge	Our approach	The outcome

Our approach

- **Designing data collection:** We can work with you to design your approach to data collection, including: developing a sampling strategy (including e.g. sample size and power calculations), methodology and addressing data security, confidentiality, ethics and accessibility.

- **Advice and guidance:** We can advise you on implementing your chosen methodology, outlining the necessary practical considerations. We can also provide supporting training or information materials for staff involved in collecting data.

- **Practical support:** We can also design and deliver a methodology that fits your requirements on your behalf – including compiling a sample frame, selecting a sample and collecting data e.g. by running a paper or online survey.

The Strategy Unit and Ipsos MORI can support you at every stage

→ → → **How will we measure it?** →

The challenge	Our approach	The outcome

The outcome

- ❯ You have a considered and realistic plan for implementing measures, with clear responsibilities.

- ❯ You have also taken into account the key considerations that could potentially derail implementation, reducing the risk of significant issues.

- ❯ If issues do arise, you are able to access timely advice and support to respond effectively – so implementation can continue to progress.

The Strategy Unit and Ipsos MORI can support you at every stage

→   →   →   →

How will we use our findings?

The challenge	Our approach	The outcome

The challenge

- Collecting the data isn't enough — it needs to be put to good use. There is frequently a limited understanding as to the range of questions that can be answered.

- In addition, analysis is sometimes seen as an end in itself. It needs to be used to inform the decision-making process and change practice.

- Initial findings may give valuable clues as to areas that need further exploration — but these may be missed or misunderstood, leading to missed opportunities and ultimately a blunted insight into findings.

The Strategy Unit and Ipsos MORI can support you at every stage

How will we use our findings?

| The challenge | Our approach | The outcome |

Our approach

Analysing findings: We can help you develop an analysis plan to answer your key questions and conduct this on your behalf. We can also support you to understand emerging data as implementation progresses – so you can communicate early impact and make changes to approach as needed.

Making decisions: We can support you to make consistent and defensible decisions on the basis of your findings. This can involve helping you to set up your decision-making criteria, supporting you to think through the options in a structured way and facilitating your deliberative processes.

Developing next steps: We can identify some of the gaps – 'what the current data can't tell you' – to inform further work, such as qualitative research. We can also make recommendations based on our observations, to improve the future process of implementation.

The Strategy Unit and Ipsos MORI can support you at every stage

→ → → →

How will we use our findings?

The challenge	Our approach	The outcome

The outcome

▶ You derive the maximum benefit from the process – so your efforts lead to actionable insights, derived from person-centred measures.

▶ Your decisions are taken collaboratively, based on described criteria and taking into account a broad range of contextual factors.

▶ You have a clear direction on next steps, both in terms of developing your processes and in responding to your findings.

The Strategy Unit and Ipsos MORI can support you at every stage

Reviewing, incorporating and producing evidence

The challenge	Our approach	The outcome

The challenge

> The existing evidence base is typically not adequately reviewed and incorporated into efforts to implement person-centred intelligence. A narrow range of sources are defined as appropriate 'evidence', with the potential for neglecting valuable insights.

> Learning is not always captured and articulated in a systematic way throughout implementation – limiting the potential for others to benefit from it in future work.

The Strategy Unit and Ipsos MORI can support you at every stage

Reviewing, incorporating and producing evidence

The challenge	Our approach	The outcome

Our approach

- **Acting as your ongoing evidence 'partner':** We are expert in filtering, synthesising and making sense of the evidence that exists (including reviews of specific tools and lessons from implementation).

- **Understanding the role of context:** We support a realist approach, helping you to identify the wider situational factors and nuances that have contributed to success or failure (both in your local setting and where interventions have previously been tried).

- **Supporting learning and dissemination:** We can help you reflect on the most appropriate methods to capture learning and to develop your strategy for dissemination. We can help you to make your key findings accessible and easy to share, for example by producing infographics.

The Strategy Unit and Ipsos MORI can support you at every stage

Reviewing, incorporating and producing evidence

The challenge	Our approach	The outcome

The outcome

- Your work becomes 'evidence-informed', enabling you to make a credible and compelling case for PCI to potential partners and stakeholders.

- Evidence takes on a dynamic and continuous role – built into the implementation process.

- You'll understand 'what works well, where and when', allowing you to communicate this and adopt, scale and spread appropriately.

The Strategy Unit and Ipsos MORI can support you at every stage

Building capability through training and development

The challenge	Our approach	The outcome

The challenge

- If the process of implementing PCI is done 'for', instead of 'with' the system, then there is a high risk of continued dependency on external support. This also reduces the chance of the new approaches being incorporated into business as usual.

- Where expertise is concentrated in a few individuals, this represents a significant risk to system capability and capacity to implement PCI effectively in the future.

The Strategy Unit and Ipsos MORI can support you at every stage

Building capability through training and development

The challenge	Our approach	The outcome

Our approach

> **Building understanding and capability:** We can help develop your team throughout the process of implementing PCI – for example through training, ranging from particular analytical methodologies, to our wider approach to implementing person-centred intelligence.

> **Coaching and mentoring support:** We can support the reflective process to help bridge the gap between 'standard' training and actual changes in the workplace – thereby helping to put learning into practice. We can provide ongoing advice and guidance to staff to ensure they are progressing in the right direction.

> **Facilitation support at each stage:** Throughout the process, we can act as a neutral third-party to facilitate internal and external workshops/events in support of the implementation process.

The Strategy Unit and Ipsos MORI can support you at every stage

Building capability through training and development

| The challenge | Our approach | The outcome |

The outcome

- You continue to make progress on implementation of person-centred intelligence, but in a way that ensures local staff retain ownership of the process and take on an increasing role in delivery.

- Your workforce develops the knowledge, skills and experience needed to implement PCI, drawing upon the support of our experts as needed. The system has the capacity and capability to learn from and build on initial efforts.

The Strategy Unit and Ipsos MORI can support you at every stage

Evaluating change

The challenge	Our approach	The outcome

The challenge

- High quality expertise in evaluation is scarce in the NHS – as is the capacity to deliver it as 'part of the day job' – so learning can be patchy.

- Evaluations delivered solely in-house risk not being seen as independent and may lack a 'system' perspective, or suffer from other blind spots.

- Evaluation of innovative approaches such as PCI must balance rigour, relevance and timeliness – to reflect the emergent and evolving nature of the intervention.

The Strategy Unit and Ipsos MORI can support you at every stage

Evaluating change

The challenge	Our approach	The outcome

Our approach

> **Flexible to your needs:** We can offer an expert and nationally regarded mixed methods evaluation service, scaling our support to complement your local team.

> **Building in evaluation:** We'll do with, not to – we'll work with you to design and deliver a robust approach to evaluation that is externally credible, but doesn't hamper ongoing implementation.

> **Supporting learning throughout:** We take a multidisciplinary team approach to interpreting findings and developing recommendations. We can help ensure you learn lessons from the PCI implementation process and understand the impact of the changes that you've made.

The Strategy Unit and Ipsos MORI can support you at every stage

<div style="background-color:#F5C518">Evaluating change</div>

The challenge	Our approach	The outcome

The outcome

- An approach to evaluation that is robust, pragmatic and timely, supported by a critical friend.
- You'll be able to understand and articulate the impact of the changes you've made and the conditions needed for success – so you can make high quality decisions.

Case studies and other resources

The General Practice Patient Survey

Delivering a high profile national survey of patient experiences...

The challenge

The challenge

The GP Patient Survey (GPPS) is a large-scale England-wide survey commissioned by NHS England. It continues to be developed as part of the Government's commitment to make the NHS more responsive to patients' needs, and has been designed to give patients the opportunity to feedback about their experiences, asking questions about their local GP practice, other local NHS services and general health.

The General Practice Patient Survey

Delivering a high profile national survey of patient experiences...

Our approach

Our approach

The GPPS uses a quantitative postal survey methodology, with over 2 million patients invited by mail to take part each year in order to produce individual results for each GP practice. Participants also have the option of completing the survey online.

There is a focus on accessibility, with the online survey available in 14 foreign languages, British Sign Language, Braille, large print or completion via telephone.

Our approach is continually refined to maximise response rates and ensure that the survey reflects current policy.

The General Practice Patient Survey

Delivering a high profile national survey of patient experiences...

The outcome

The outcome

The GPPS is an important source of information that helps people working in healthcare in England to better understand where primary care is working well and where it can be improved. In order for GPPS data to have maximum impact, we have worked with NHS England and users to develop outputs that meet a variety of user needs, which we have continuously improved.

It is used at national level to inform policy, at practice level to improve services, and by the public via the **website** to compare practices.

Patient experience for North East Ambulance services

Drawing on existing and new data collections to derive insight...

The challenge

The North East Ambulance Service (NEAS) wanted to understand patients' experiences of its services, bringing together data that was already being collected, with a repeat postal survey of patients who had used NEAS' emergency care service within the previous year.

Patient experience for North East Ambulance services

Drawing on existing and new data collections to derive insight...

Our approach

Our approach

We undertook a postal survey of patients who had used NEAS' emergency care service within the last year, gathering over 2,000 responses.

We also analysed existing survey data of:

- patients who had used NEAS' patient transport service over the last year (which had been collected in 'real-time' via electronic tablets as and when patients were using the patient transport service) and

- survey data of patients using the NHS 111 service in the region (collected by NEAS using a combination of postal and text message surveys).

Patient experience for North East Ambulance services

Drawing on existing and new data collections to derive insight...

The outcome

The outcome

We were able to provide an overview of patient experience across NEAS' services, drawing together common themes.

This included using statistical techniques to determine the relative importance of different factors contributing to ratings of overall experience.

This helped NEAS to identify where to concentrate its initial focus in addressing the research findings.

Assessment of PROMS for joint replacement

Analysis to benchmark pre-operative symptoms for South Warwickshire CCG...

The challenge

The challenge

South Warwickshire Clinical Commissioning Group wanted to better understand what PROMs (patient-reported outcomes measures) data could tell them about the relative health status or severity of patients treated at South Warwickshire NHS Foundation Trust, compared with other NHS trusts and independent sector providers. In particular, they were interested in pre-operative PROMs scores for patients receiving joint replacement surgery. We have previously conducted similar analysis for Wolverhampton CCG.

Assessment of PROMS for joint replacement

Analysis to benchmark pre-operative symptoms for South Warwickshire CCG...

Our approach

Our approach

We conducted a cross-sectional analysis and used a novel combination of visual displays and statistical hypothesis testing – to enable intuitive comparison of the distributions of patient scores across the complete set of English NHS trusts and independent sector providers.

We conducted a follow-up analysis to explore a possible association between the severity of patients' reported symptoms and utilisation rates e.g. are higher utilisation rates associated with lower levels of severity / need.
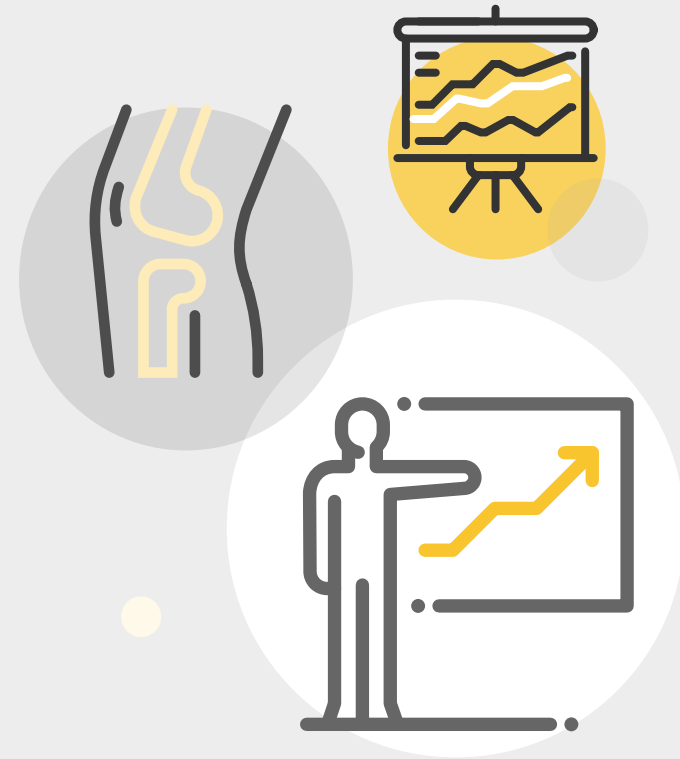
Assessment of PROMS for joint replacement

Analysis to benchmark pre-operative symptoms for South Warwickshire CCG...

The outcome

The outcome

SWCCG gained insight into the differences in severity of pre-operative symptoms prior to hip and knee replacement, as compared with other NHS trusts – and were able to share these comparisons easily and in an accessible form.

They were also able to examine the differences in utilisation rates for joint replacement surgery compared with other areas of the country – taking into account differences in the age and sex structure of the population.
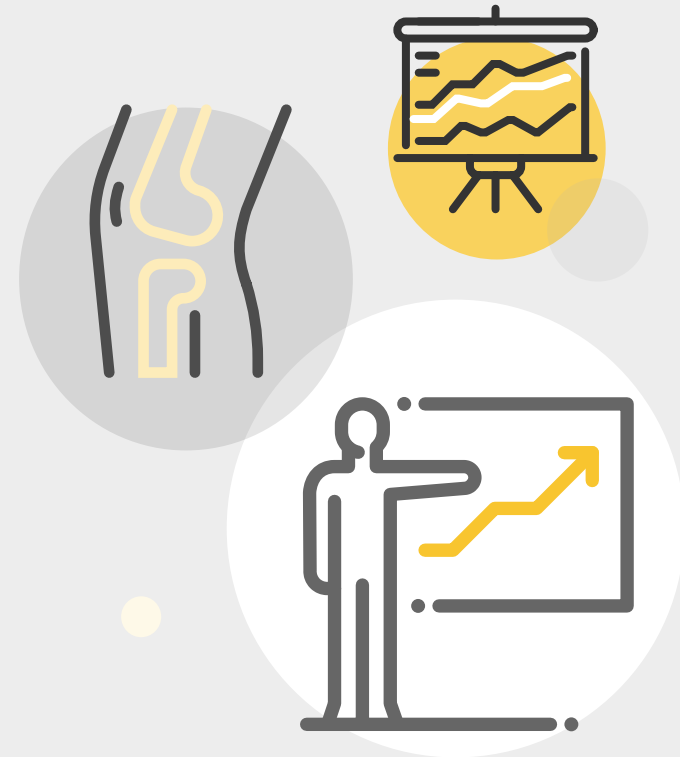
Staff retention in North Central London STP

Understanding and acting on staff engagement at system level...

The challenge

The challenge

The North Central London (NCL) STP wanted to build an understanding of staff engagement factors and retention of staff in providers within the NCL STP footprint. This was to help them develop a strategy for retaining staff and to address this across the STP footprint.
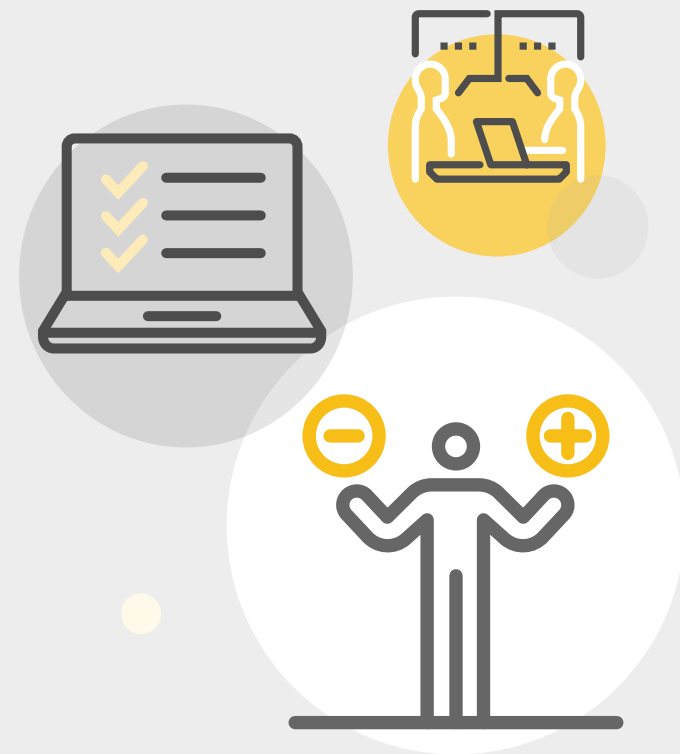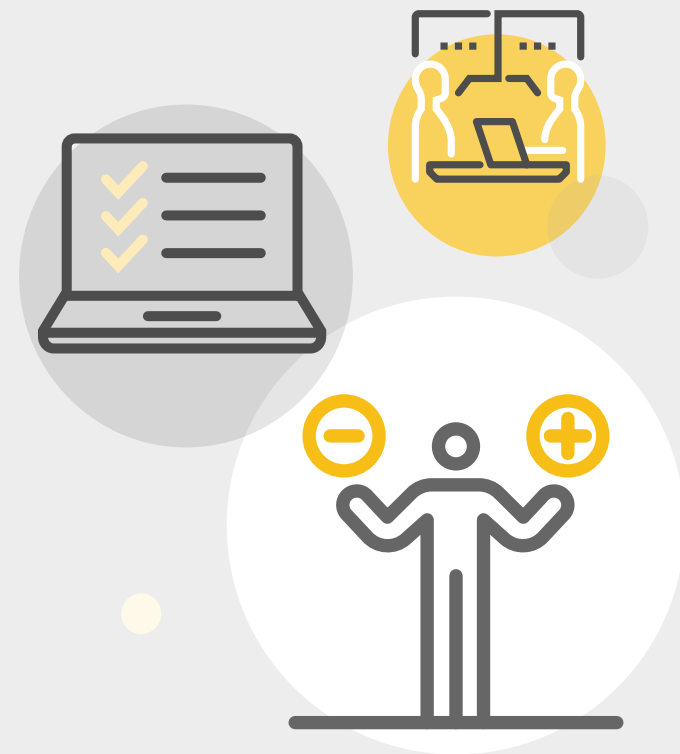
Staff retention in North Central London STP

Understanding and acting on staff engagement at system level...

Our approach

Our approach

An immersion phase helped to shape the approach, following which we undertook:

- An online survey was carried out among 1,734 staff across the providers

- 20 in-depth qualitative interviews with staff, focusing why people may or may not stay working in their current trust in the future.

Staff retention in North Central London STP

Understanding and acting on staff engagement at system level...

The outcome

The outcome

Statistical analysis was carried out to establish the contribution of various engagement factors to likelihood to stay working in the trust over the next two years. This allowed prioritisation of efforts, while the in-depth interviews provided further depth to support this.

A final 'action planning workshop' was held with the ten trusts in the NCL STP footprint to plan the next stages and actions for the STP, based on the findings from the research.
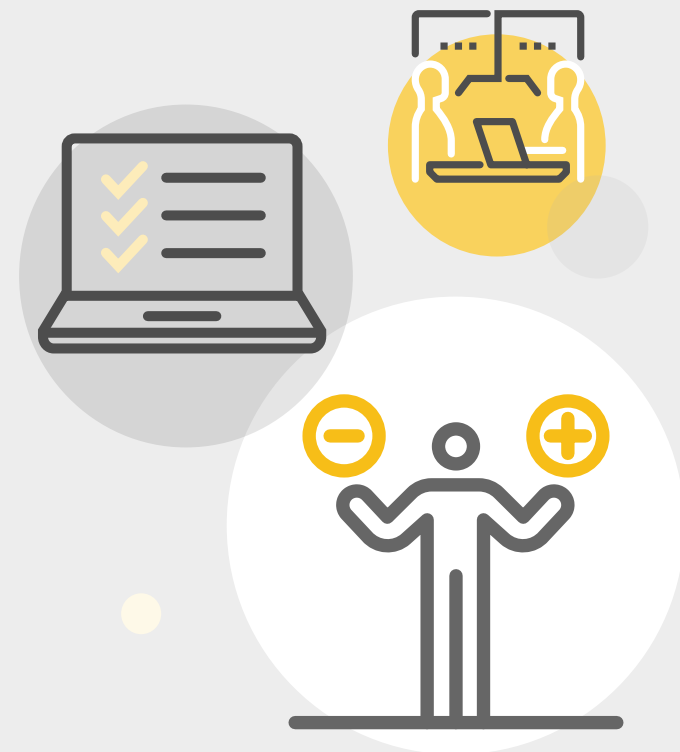
Scoping measures of staff experience

Supporting a vanguard site to understand the options and their implications...

The challenge

The Dudley Multispecialty Community Provider (MCP) programme team wanted to explore measures related to experience of patients, carers and staff, to enable robust monitoring and evaluation. For this project, they wanted to identify robust and relevant measures of staff satisfaction for inclusion in the MCP contract.
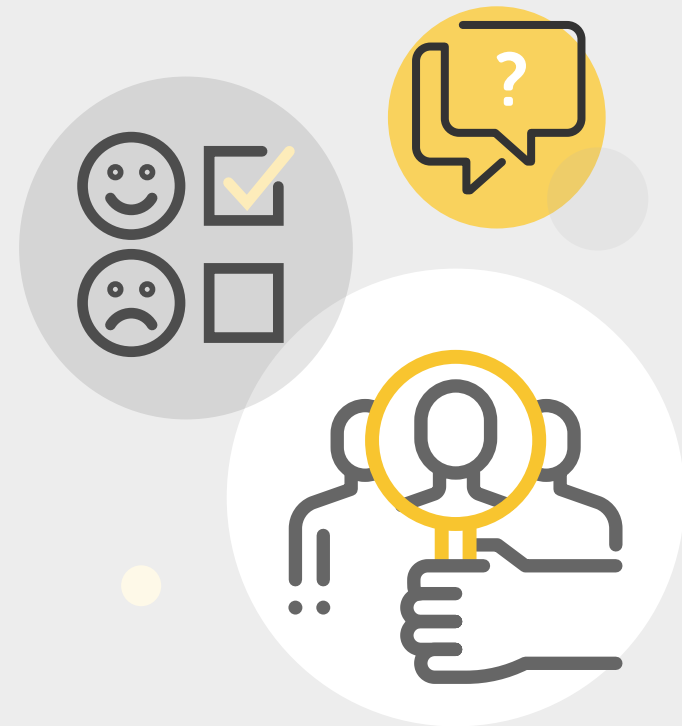
Scoping measures of staff experience

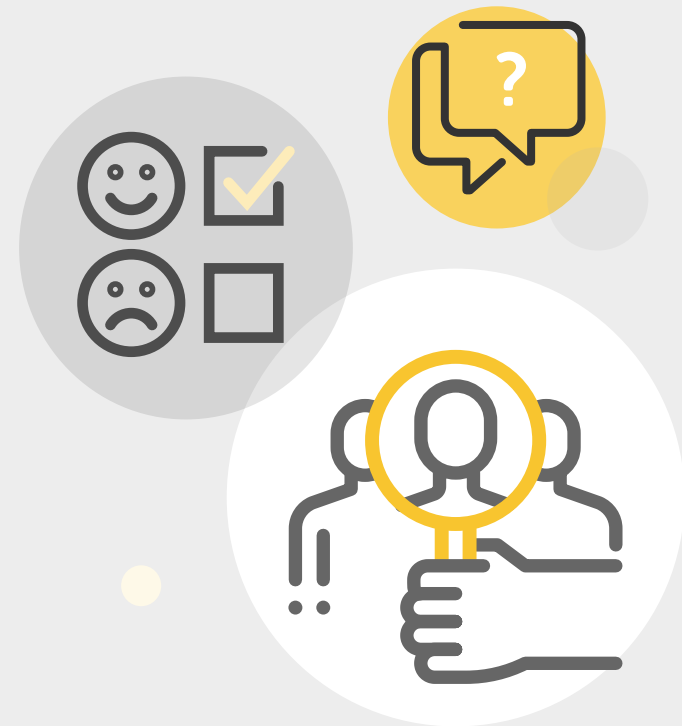Supporting a vanguard site to understand the options and their implications...

Our approach

Our approach

We identified key papers from research and practice, derived from bibliographic databases, other research sources (e.g. the National Institute for Health Research), grey literature and the professional press.

The outputs were then presented as a summary briefing, describing:

- The ways in which staff experience is defined in different contexts

- Instruments and tools being used to measure staff experience (both in a routine setting and for evaluation purposes)

- The potential benefits and challenges of using these measures.

Scoping measures of staff experience

Supporting a vanguard site to understand the options and their implications...

The outcome

The outcome

With our support, the Dudley team were able to learn lessons from research and practice elsewhere, to inform the ongoing design and implementation of their innovative contract.

They were informed of the most important factors to consider when using staff satisfaction measures. This included advice on the 'questions to ask' as part of implementation, in order to ensure tools and instruments were best administered and optimised for their setting.
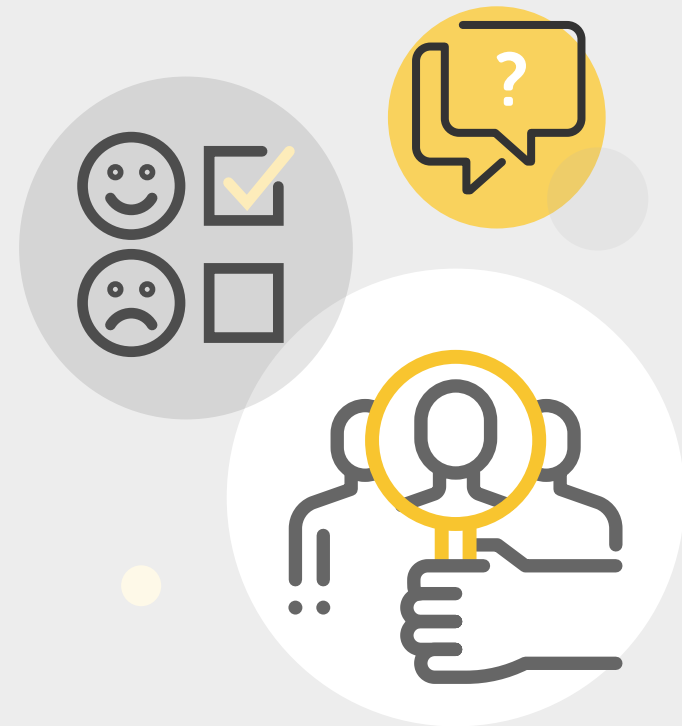
Business intelligence of the future

Developing design principles for intelligence systems...

The challenge

The challenge

The health and care sector is moving towards more place-based and integrated care systems – there is therefore a need to explore the emerging intelligence needs of these systems. We were commissioned to undertake this innovative work by Midlands and Lancashire Commissioning Support Unit.

Business intelligence of the future

Developing design principles for intelligence systems...

Our approach

This project has explored the notion of 'business intelligence of the future', with the aim of producing outputs that are fully informed by evidence, best practice and cutting edge technology – nationally and internationally.

To date, this has included:

- A review of the relevant literature;
- Interviews with key stakeholders;
- An analysis of the current market;
- A knowledge exchange with several international health systems; and
- Several detailed case studies of ACOs in the US

Our approach

# Business intelligence of the future

Developing design principles for intelligence systems...

The outcome

The outcome

We developed a set of design principles to move from the evidence gathered, to a process for redesigning intelligence systems. These principles were tested in draft at a 'design summit' involving a broad range of strategic and operational decision makers and thought leaders.

We will be working with a number of clients looking to apply the principles at system, integrated care provider, and neighbourhood levels.
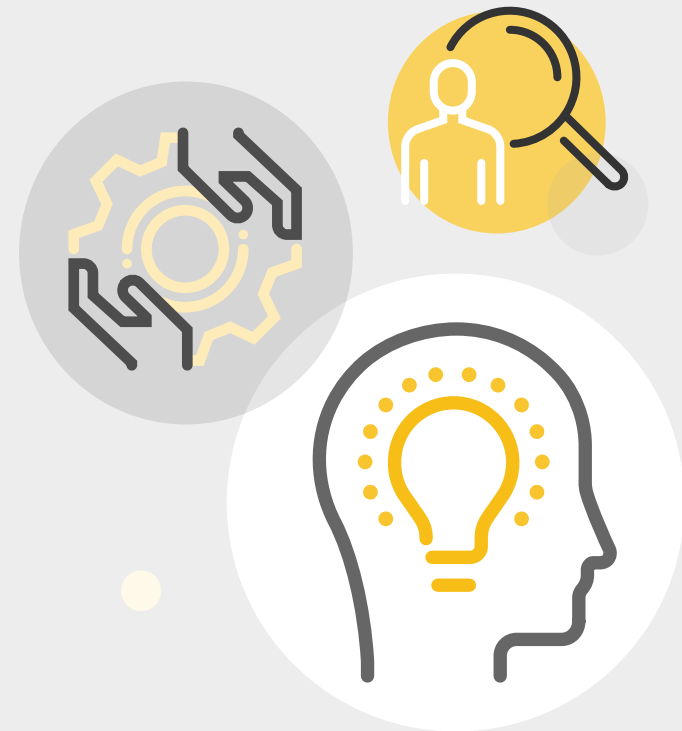
Contact us

To find out more, please get in contact:

Simon Bourne
Managing Consultant
The Strategy Unit

✉ simonbourne@nhs.net

Kate Duxbury
Research Director, Public Affairs
Ipsos MORI

✉ kate.duxbury@ipsos.com

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