



NHS England Anticipatory Care Programme: Evaluation and Impact

June 16th 2021



An operating division of:



Solutions for Public Health – who we are

NHS public health clinical insight team formed in 1998

Healthcare Solutions (HCS) consultancy arm of Arden and GEM Commissioning Support Unit

Focus on evidence review, health intelligence and evaluation

We work with PHE, NHS England, CCGs, CSUs, ICS's, provider trusts, local authorities and independent sector organisations

We carried out a rapid evidence review of anticipatory care in summer 2020/21

Conducted evaluation scoping for the NHSEI Ageing Well team

Why evaluate anticipatory care?

Demonstrates if a programme has achieved its health and care aims

Better understanding of what works and what doesn't

Opportunity mid-course to adapt/stop ineffective activities

Evidence to justify retaining/investing funding

Supports ongoing learning locally and more widely if disseminated

Essential elements of anticipatory care evaluation



Review of evidence OR rationale for intervention



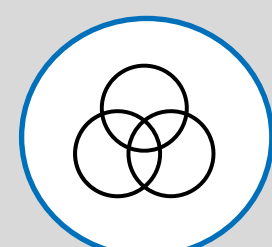
Why are you evaluating the activities - purpose of the evaluation



What will you measure to check that you've made difference?
Quantitative/qualitative (eg emergency attendances, surveys)



What tools will you use to measure the effect of your intervention?
(eg: frailty Rockwood Clinical Scale measures)



Comparisons to measure impact
(eg before and after comparisons)

Premise of anticipatory care

Proactively identifying and meeting the needs of a target population will improve health and quality of life and reduce health service resource use

Essential element 1

The evidence:
what do we
know?

Longer evaluations (>4 years) showed positive change

Shorter evaluations (1-2 years) often show a negative/no change

Narrow set of available metrics might not reflect the complexity

Culture change within the organisation essential for sustainability

Evaluation needs to be locally owned and led, which requires training, support and dedicated resource

Why isn't there much evidence? Should we be doing this?

- Research predicated on a profit margin – more likely with drug/device or a diagnostic service not complex services
- There are many things we do in the NHS with little evidence
- However many of us know from personal experience that:
 - boundaries between services can get in the way of good patient care – standalone services may be good but joined-upness lacking
 - when we plan to do something rather than wait for a crisis to happen it usually takes less time energy and money in the long run

Evaluation on a local/ national level builds the evidence base

Essential element 2

The **purpose** of
your evaluation:

To evaluate the
aims of the AC
programme

Improving population health outcomes

**Improving patients' experience
(including the experience of unpaid
carers)**

**Improving staff experience of care
delivery**

Improved use of resources

Essential element 3

What to
measure:

Evaluation of
four areas to
test the premise
of anticipatory
care

Exploring the impact: what is the impact of interventions on patient outcomes, staff working practices and return on investment?

Examining the process: what intervention has been put in place and how does this change the care model and approach compared to usual care for the target population?

Understanding patient and staff experience: what are the barriers and enablers to the changes in ways of working to provide and receive care?

Identifying what works: key learning/insight about impact, process and experience, decide what to keep what re-consider

Essential element 4 – what tools will you use?

AC aims linked to one outcome	Example tools	Example measures
Improving patient experience: Patient quality of life	Global Quality of life scale	<ul style="list-style-type: none"> Improved score (0 to 100 no QoL to perfect QoL what would help to improve score?)
Reducing resource use: Health utilisation – secondary care	HES/SUS linked to people receiving AC identified through the primary care dataset	<ul style="list-style-type: none"> Rates of delayed discharge from hospital Rates of long stay admissions to hospital Rates of short stay emergency admissions Rates of avoidable A&E attendance
Improving staff experience: Staff experience of ICS initiative being implemented	Staff confidence, Culture of Care Barometer	<ul style="list-style-type: none"> % of staff with positive experience of the integration of care
Improving health outcomes: Frailty of patients	Frailty Rockwood Clinical Scale measures	<ul style="list-style-type: none"> Improved or static frailty score of Rockwood Clinical Scale Measures

	Consider
Target patient group	Which patient cohort? How you will identify them accurately?
Expected improvements	What short term (0 to 3 months), medium (~3-9 months) and longer term (12-18 month) benefits for the service and patient cohorts
Interventions	<ul style="list-style-type: none">• Which organisations and workforces will be involved?• What services will you develop and how?• Where will it take place - locality context for selection and funding route?• What are the specific aims for this intervention?
Evaluation questions	<ul style="list-style-type: none">• What do you want to know based on expected improvements?• Formulate at least one question for each of the quadruple aims of AC
Measures and tools	<ul style="list-style-type: none">• Measures of outcomes (eg medication adherence) comparisons before and after or group matched patients• Measures of process eg surveys exploring barriers and enablers• Measures of resource use; costs and time of implementation

Evaluation output	<ul style="list-style-type: none">• Change in outputs between baseline and following implementation – e.g. visits/calls to workforce, number of services used• Key themes from people impacted by the intervention• Key themes from workforce, seeing things differently, working in partnership in a different way• Costs of the intervention compared to the usual service• Lessons learned including enablers, challenges, solutions and improvements.
Measuring future impact	Consider the timing of ongoing follow up and how this will be done
Further plans	<ul style="list-style-type: none">• Will the intervention continue?• Are there potential changes to intervention?• Are there any future interventions being considered?

Evaluation Resource

- Is there a budget?
- Identify who will lead/carry out the evaluation
- Do they have the skills or access to training in the skills?
- These skills include:
 - Understanding pragmatic evaluation
 - Project management
 - Persuasiveness and leverage
 - Stakeholder engagement skills
 - Data analysis using a spreadsheet
 - Report writing

Reporting and Dissemination

- Write up the evaluation
- Keep it short
- Write up everything as you go along
- Once the final report is agreed disseminate
- If necessary the report can be anonymised before wider dissemination

Further Information

- This slide set
- Anticipatory Care rapid evidence review
- A brief literature review of Anticipatory Care evaluations
- Anticipatory Care evaluation scoping: example logic model, key questions and potential methods and metrics



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