# Case Study: Evidence Champions: a programme for commissioners of health and care services



# Appendix 1 - Work-based Project Outcomes

**Re enablement in Lancashire (KB)**

**Purpose of Project**

To remodel the service to enable better outcomes for service users, and increase throughput for the service, ensuring better value for money and the opportunity for more people to use the service.

**Outcomes/ achievement/ Impact**

* A new model has been developed and during the testing period outcomes comparable to Kent were identified. ( Kent being a recognised example of good practice)
* Activity increase by 29% without extending the contract,
* Reviews have taken place in a more timely way to ensure flow through the service, which potentially could enable 1500 more people a year to access the service across Lancashire as the project is rolled out.
* Overall, the project has enabled more people to use the service with better outcomes than were previously achieved.

**Review of Direct Payments in Lancashire (CM)**

**Purpose of the Project**

New Direct Payments service was commissioned in June 2016: the purpose of the project was to understand the impact of the service, review and develop new processes and procedures to streamline and make efficiencies. The aims were to:

* Compare Lancashire County Council’s approach with other councils to understand best practice and identify improvement models.
* To develop a training programme for Social Care staff to understand and utilise Direct Payments more effectively.
* Update relevant council policies to reflect changes to provision.
* Identify opportunities for further improvements, savings and efficiencies.

**Outcomes, Achievements and Impact**

The project has achieved the following outputs:

* New guidance, supporting material and policy for Direct Payments
* New process redesigned and implemented to reduce timescales and costs
* New training programme developed and implemented
* Review of current service provision and best practice survey
* At Q1, 2016/17 – 23% of all service users received a Direct Payment
* At Q2, 2017/18 - this had increased by 5.5% increase. However, as the overall number of service users supported also increased, it meant that only 23.6% of all service users received a Direct Payment.

**Customer Service Results** -Customer Service questionnaires results showed:

* Over 95% of service users thought the service they received was excellent
* 98% of service stating that they felt more independent and had improved wellbeing.

**Staff Awareness and Training** -A staff awareness questionnaire showed:

* 75% of staff did not understand or feel confident discussing Direct Payment with Service users prior to training.
* Over 70% of staff admitted that they did not refer service users for Direct Payment advice and support.
* Over 90% of staff, felt they needed and would benefit from training in relation to Direct Payments.
* Over 375 social care staff have received training within three months

**Introduction to an end of Life Care Record for use in the community (SS)**

**Purpose of project**

The purpose of this project was to develop and introduce an End of Life care record for use in the community that included input from stakeholders: this was in accordance with guidelines published by NICE in 2015 for End of Life (EOL) Care. As this was to be a significant change in practice it was very important to engage with stakeholders at an early stage, to ensure buy-in.

**Outcomes and Achievements**

Successes of the project so far include:

* Adaptation of care record for use in community and agreement from providers over its implementation.
* Engaging a number of different stakeholders positively in the process and working in an integrated fashion to achieve outcomes.
* Excellent feedback from patient and staff focus groups: 100% of the patient focus group agreed that the introduction of the care record was positive and that it would help raise standards in end of life care.
* Audit of the use of the care plan in the hospital setting has shown excellent outcomes for patients.
* Key themes from the hospital audit showed improved symptom control, reduction in unnecessary observations/interventions in the last days of life, increased involvement of close family/friends.

**Implementation of the new NICE guidance on direct access to investigations for suspected upper gastrointestinal cancer. (GW)**

**Purpose of project**

New recommendations regarding the investigation of suspected cancer (NICE 2015) made many changes to existing guidance. Most of the changes had been implemented in 2016 by CCG in the first phase of a project: aims for project to now:

* Assess the current service’s performance
* Identify areas which can be improved & Identify potential blocks to change
* Apply quality improvement methodologies to plan a change
* Use change management tools to implement the change
* Assess the success of the implementation
* Share methods and techniques with CCG colleagues to embed in their usual practice

**Outcomes**

* Implemented direct to CT availability and agreed pathways with all parties.
* A new referral form is in place and the service is now up and running, and has already been used by GPs.
* GP education and engagement has been extensive, with help from local Macmillan GPs and the trust, with positive feedback from colleagues.
* The engagement and collaboration with different organisations has been extremely encouraging.
* CCG team has felt very positive about the whole process and is proud of the service put into place.
* The impact will be measured over time, including compliance with constitutional targets and will also staff and patient satisfaction measures.

**Improving access to GP’s in Wirral (MK)**

**Purpose of project**

Resulting from The General Practice Forward View published in April 2016 which set out plans to enable clinical commissioning groups (CCGs) to commission and fund additional capacity across England, to ensure that, by 2020 everyone has improved access to GP services - 7 NHS England ‘Core’ Requirements to be delivered from April 2018. The aim was to provide additional GP appointments during evenings and at the weekend to increase the % of patients who rate their overall experience of booking an appointment as ‘good’.

**Outcomes**

* Patients rating their experience of booking an appointment as ‘good’: this is above the NHS England average in Wirral CCG as of July 2017 GP Survey results (90% versus 85%).
* Inequalities of Access: People with young families, those with caring responsibilities and working people most likely to use the service.
* GP appointments were provided at an average rate of over 900 per month between May 17 and November 17 which is on target to reach the contract target of 9,672 per annum (9 minutes per week per 1,000 patients based on 333,000 GP registered patients).
* High rates of Do Not Attends (DNAs): 13% on appointments booked up to 14 days in advance
* A&E attendance rate in Wirral (type 1): -0.1% (Apr 17—Sep 17)

**System Wide Benefits**

* GP Federation Organisational Development: capability and capacity/X 2 NHS Standard Contracts - Providence
* Supporting achievement of other strategic priorities inc: Place Based Care Localities & Primary Care ‘At Scale’.
* Recurrent multi-million pound investment into GP services with planned tripling of capacity from 1st April 2018.

*‘****Overall the project has been seen a huge success in Wirral by supporting the development of two new GP Federations, the service being mobilised on time and delivering the required additional GP appointment capacity.’***

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