

King's Fund

Putting Practitioners through the Paces Initial Findings in an evaluation of Putting Evidence into Practice

Short report

First Interim Report of the
North Thames Purchaser Led Implementation Projects

Authors:

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Executive Summary

Introduction

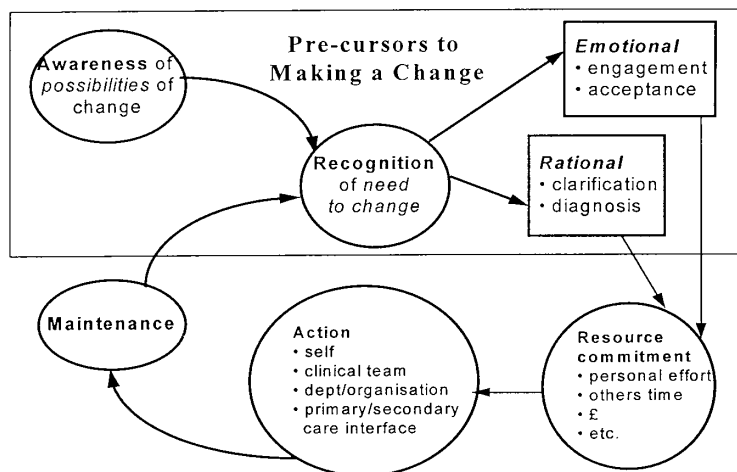
No one finds change easy, least of all busy clinicians. But learning how to incorporate new procedures and practices is essential to ensuring that patients receive the best possible care.

Thirteen health authorities have been given a chance to learn more about putting evidence into practice. In the spring of 1996, the Implementation Group of North Thames Research and Development allocated £50,000 to each health authority for implementation projects.

In autumn 1996, the Implementation Group commissioned the King's Fund Management College to evaluate the 17 approved projects. In particular, they were interested in understanding more about outcomes and evaluation, barriers to change and sustainability. This interim report covers objectives and preliminary findings.

Key Finding

The diagram below shows one model of the process that an individual goes through in making a change. Most importantly, the steps enclosed in the large upper box must be experienced before any concrete action is taken.



Region assumed that since bids had already been drawn up, participants at health authorities would have moved through the steps in the box. They, and others, expected that with funding, projects would then move into the action phase. In reality, most projects either had to re-visit the box or go through those steps for the first time with the current group of staff working on the project.

Key Messages from the First Phase of the Evaluation

Pace your expectations. Getting clinicians to make a commitment to change is a time consuming process. A great deal of work needs to be carried out before anything measurable can be perceived.

Key Lessons

- Funding alone does not start action.
- Attention tends to focus on the “how” of a project at the expense of the “why”. A guide on taking participants through the process outlined in the *Pre-cursors to Change* box would be useful.
- Delays and lulls in momentum are to be expected.
- Objectives are a moving target.
- Original bids were often over-ambitious in terms of what could be achieved and under-resourced in terms of time and emotional commitment. Keeping projects manageable needs to be constantly re-addressed.
- Many organisations lack the evaluative skills necessary to become a “learning organisation”.

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List of Approved North Thames Implementation Projects

Health Authority	Project	Lead Manager
Barking & Havering	Coronary heart disease and obstetrics & gynaecology	Consultant in Public Health (post now vacant)
Barnet	Low back pain, diabetes retinopathy, h pylori	Director of Public Health Dr. Stephen Farrow
Brent & Harrow 1	Protocols in A&E	Consultant in A&E Mr. A. Sivakumar
Brent & Harrow 2	Schizophrenia	Director of Public Health (project now cancelled)
Brent & Harrow 3	Open Access Echocardiography	Consultant Cardiologist Mr. Mark Dancy
Camden & Islington	H pylori	Prescribing Facilitator Mr. Amalin Dutt
Ealing, Hounslow & Hammersmith	Diabetes register	Consultant in Public Health Dr. Raymond Jankowski
East London & the City 1	Cardiac intervention	Senior Lecturer in Public Health Dr. Harry Hemmingway
East London & the City 2	Leg ulcers	Project Manager Ms. Sally Gooch
East & North Hertfordshire	Pending	
Enfield & Haringey	GP learning sets	Consultant in Public Health Dr. Peter Sheridan
Hillingdon	H pylori	Consultant in Public Health Dr. John Aldous
Kensington, Chelsea & Westminster 1	Dyspepsia	Principal Pharmaceutical Advisor Ms. Pauline Taylor
Kensington, Chelsea & Westminster 2	ECG & ACE inhibitors in chronic heart failure	Senior Registrar in Public Health Dr. Stephanie Taylor
North Essex	Cancer Services	Director of Public Health Dr. Geoffrey Carroll
Redbridge & Waltham Forest	Diabetes, asthma & hypertension	Director of Public Health Dr. Lucy Moore
South Essex	Hypertension in the Elderly	Research & Development Manager Dr. Chris Joyce
West Hertfordshire	Anti-coagulation	Public Health Specialist Dr. Alison Frater

Introduction

Background to the Purchaser Led Implementation Projects Programme

In October 1995, the Implementation Group of North Thames Research and Development invited each of the 13 health authorities in North Thames to submit a bid for a project or projects seeking to put evidence into practice.

Health authorities could submit as many projects as they liked as long as the total cost of the projects was not more than £50,000, the projects were within an 18 month timescale and the research evidence was robust. They were given four months to draw up the bids.

Each bid went to one of three panels made up of members of the Implementation Group and other individuals with an interest in evidence based practice. Comments were then sent back to the bid writers who revised their bids accordingly. Seventeen projects were approved by September 1996. One bid is still pending.

Background to the Evaluation of this Initiative

In October 1996, the King's Fund Management College was commissioned to undertake an evaluation of this initiative. As close to three quarters of a million pounds had been allocated, the Implementation Group wanted to determine what benefits had been gained and, even more importantly, what could be learnt and applied to future projects of this type.

We have separated the evaluation into three parts: outcome setting and follow up, barriers to change and sustainability. Each aspect of the evaluation will be discussed in a separate report, this being the first on outcome setting.

Part I Work of the King's Fund Management College

Since October 1996, we have carried out the first four steps of the external evaluation.

In the autumn of 1996, all of those known to the evaluators through the project bids were sent a letter of introduction and a copy of the King's Fund evaluation proposal.

In April of 1997, an external stakeholder group comprising a GP, a medical director, a health authority chief executive, a voluntary organisation representative and others was convened to identify features likely to lead to a successful implementation project. Their conclusions were summarised in *Features likely to lead to Success* and a copy is attached as Appendix A.

A fuller discussion of this document is included later in this report.

In a third piece of work from June to July 1997, project participants were invited to one of five workshops on outcome setting and objectives. All but one very small project (Brent and Harrow Open Access Echocardiography) were represented.

Since the winter of 1997, we have been drawing up short, standardised summaries for each of the projects (see Appendix B). These summaries have helped both the King's Fund and the project participants understand the basics of each project as well as charted the changes in objectives. As the projects develop, the summaries will also change and we can continue to monitor progress.

Part II

Project Timescales

Introduction

One of the most notable features of these projects so far is that initial calculations of the length of time needed to get started as well as the overall length of time to achieve objectives were seriously underestimated.

This was because many involved in the projects assumed that work on getting key individuals to see the need for change and make an emotional commitment to it had already taken place. In practice, this either had not been done or needed to be re-done as the core group of project participants formed.

Slippage of "Start" Date

Loss of momentum

Appendix C clearly shows that one of the early difficulties was getting momentum going once the bid had been approved.

Although many bid writers and others within sponsoring organisations had undertaken initial work such as forming a project group, carrying out a baseline audit and contacting key individuals, there was often a lull after the bid was accepted before a project worker was recruited. For four projects, this period of relative inactivity was about six months; for five projects it was closer to a year.

Reasons for this hiatus are not known for every health authority, but three were delayed as the original bid writer left the organisation and the project was not picked up for some time (Barnet, Barking & Havering, Enfield and Haringey) and two were affected by re-organisations (West Hertfordshire, Hillingdon).

Extension of Overall Timescale

Time consuming tasks

In addition to delays in recruiting project workers, participants commented on the tremendous amount of time it actually takes to get going once project workers have finally been appointed.

One time consuming task is finding the right people and networks both within and outside the organisation. A second hurdle is making the original bid more realistic with achievable outcomes and a solid evaluation plan. This requires a great deal of consultation and re-drafting until something practical is in place.

A third difficulty is that often an assumption is made that the evidence speaks for itself. But the findings from these projects suggests that more often than not a project worker or colleague needs to spend a great deal of time and energy persuading sceptics of the robustness of the evidence before taking even the first steps.

Once clinicians are persuaded of the validity of the evidence and are committed to making a change, workers can get on with the core of implementation work - that of showing clinicians how the evidence can and should be applied to their practice.

This table of contents covers the material in the longer version of this report. If you would like a copy, please contact Marianne Fray at the King's Fund College on 0171 307 2606.

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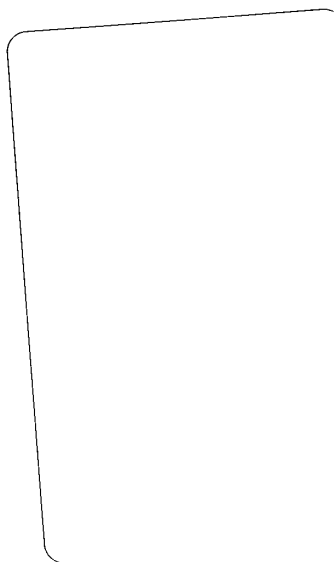
Appendices

Appendix A.....	Features likely to lead to Success
Appendix B.....	Project Summaries
Appendix C.....	Timescales
Appendix D.....	Change Diagram
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Appendix F.....	Quality of Original Bids
Appendix G.....	Evidence/Process/Evaluation Diagram
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