South England GP Mental Health Commissioning and Leadership Skills Development Programme 2014/15

Impact Evaluation

A summary of findings and recommendations
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Executive Summary
This report illustrates findings from an independent evaluation of the South England GP Mental Health Commissioning and Leadership Skills Development Programme. The evaluation has been designed to demonstrate the impact of the programme on both an individual and organisational level using a tested methodological approach, which is detailed further within the report. Please note that due to the sample size results are indicative.

Headline Results
- The results of the evaluation provide evidence that the programme has been a beneficial learning experience for those who took part. 92% rated their experience of the programme as good or excellent.

- Participants report an overall increase in confidence levels within their work role and in the subject areas covered within the programme.

- The programme has positively impacted participants perceptions of their own ability across 8 key learning areas evaluated:
  1. Understanding of healthcare systems and the structure of the NHS
  2. Leadership skills and qualities
  3. Working with others
  4. Commissioning skills and knowledge
  5. Crisis care concordat
  6. Successful, safe and ethical decommissioning of services
  7. Parity of esteem Severe Mental Illness, Commissioning for Quality and Innovation (SMI CQUIN)
  8. Interpreting datasets

- Results show colleagues and line managers observed a significant positive increase in skill, knowledge and ability across the following areas:
  1. Commissioning skills and knowledge
  2. Knowledge and understanding of successful, safe and ethical decommissioning of services
  3. Knowledge and understanding of the crisis care concordat

The biggest gain reported by participants from attending the programme was developing working relationships and an extended network.

An improved ability to facilitate change was the most commonly reported change in practice reported by participants.

There were some contextual factors which influenced the impact on of the programme including barriers to implementing learning of which the majority were time constraints, although bureaucracy and lack of support from key stakeholders was also considered a factor.

A large proportion of those who took part in the evaluation believed that including both GP and non-GP commissioners on the same programme was beneficial although some feedback indicated that a mix of roles and experiences did result in the content and subject of workshops being less relevant to them.

These results show that the programme does positively impact the development of the Mental Health (MH) Commissioning Leaders with some tangible examples of the impact on services.
**Introduction**

The South England programme was part of a National initiative commissioned by NHS England and sponsored by the National Clinical Director for Mental Health, Geraldine Strathdee in response to a number of national drivers. The White Paper, Equity and Excellence: Liberating the NHS (Department of Health 2010) sets out a vision for the National Health Service that promises to be one of the most extensive reforms in its history with the role of the general practitioner (GP) at its heart. No Health without Mental Health (DH 2011), focused on empowering practitioners to have the freedom to innovate and to drive improvements in services. This included the establishment of GP consortia joint commissioning arrangements to develop innovative mental health services. Giodano (2011:6) suggests that it is vital that GPs develop leadership capacities to operate within a complex web of relationships and this includes capabilities such as:

- an organisational ability to self-organise quickly
- an organisational ability to learn and adapt
- a willingness to engender leadership behaviours in everyone at all levels and function of the organisation
- a culture of innovation
- the ability, among all parties, to understand at once the local context – from a unit as small as the office visit to the big picture (national policy) – and their place in it

These capabilities and the development of a more sustainable managed network to support primary care mental health leadership and commissioning are some of the challenges the programme was designed to address. The content of the programme was required to build upon the Department of Health’s Medical Leadership Competency Framework (2010) and had clear curriculum topics and outcomes defined within the specification. Recommendations were also made to include an intensive residential module and for the programme to be run over 9 days or 4 modules¹.

SCN East of England was one of three providers of the programme who, following a competitive tendering process were awarded a contract to deliver the programme in the South. Local SCN’s, potential participants and other key stakeholders were involved in scoping the content of the programme to ensure key priorities for the region were incorporated. The programme was delivered between November 2014 and April 2015 across three geographical areas (South East, Central and West). The areas were aligned with local SCN boundaries. Cohorts were different within the areas with two mixed cohorts (consisting of GP and non GP MH commissioners) and one cohort which included GP’s only. A number of partners were involved in the delivery of the workshops providing expertise in different aspects of the programme such as service user involvement, mental health intelligence and technical commissioning.

The programme was split into five modules which ran concurrently in each area. Four of the modules were face to face workshops, one module consisted of a local improvement project during which participants were required to apply learning from the programme to improve mental health commissioning in their local area. Participants were required to complete each of the five modules and backfill costs were reimbursed for attendance at the workshops.

<table>
<thead>
<tr>
<th>November 2014 – April 2015</th>
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<tbody>
<tr>
<td><strong>Module 1:</strong> Leadership for Commissioners (2 day workshop)</td>
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<td><strong>Module 2:</strong> Technical Commissioning (2 day workshop)</td>
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<td><strong>Module 3:</strong> Mental Health Intelligence (1 day workshop)</td>
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<td><strong>Module 4:</strong> Local Improvement Project</td>
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<td><strong>Module 5:</strong> Celebration Day (1 day workshop)</td>
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¹ NHS Commissioning Board Mental Health Commissioning Leadership Programme Commissioning Specification.
The Strategic Clinical Network (SCN) East of England commissioned the independent evaluation of the programme which was completed by the National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care (CLAHRC) East of England and The National Centre for Post Qualifying Social Work at Bournemouth University.

The aim of the evaluation is to gain a measure of the impact of the programme on the participant’s leadership and commissioning skills and to provide evidence to inform the on-going development of both national and sub national Leadership Programmes for Mental Health Commissioners.

This report provides findings of the evaluation for participants who took part in the programme.

**Methodology**

The evaluation methodology was developed from an approach used by The National Centre for Post Qualifying Social Work and is designed to demonstrate the impact of the programme on both an individual and organisational level. This is achieved by using mixed methods, including self evaluation questionnaires, with follow up telephone interviews to gain examples of how learning has been applied and a third party testimony to verify the impact of the programme on observed behaviour.

**Stage 1 Questionnaire Design**

The NHS Leadership framework was used as a basis for the evaluation to ensure participants were evaluated across a range of leadership skills and attributes. Additional themed questions were also included which related more specifically to commissioning and themed workshops. Questions were clustered into key learning areas within the questionnaire for ease of completion, however each question was also mapped onto the NHS Leadership Framework in order to gauge development in relation to the framework.

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Figure 2 Source: NHS Leadership Academy: Leadership Framework a Summary

Within the questionnaire respondents were asked to reflect and rate their knowledge, skills and abilities as they were before taking part in the programme and at the present time. The following key learning areas were addressed within the questionnaire:

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<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5 - 8</th>
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<tr>
<td>Understanding of healthcare systems and the structure of the NHS</td>
<td>Leadership skills and qualities</td>
<td>Working with others</td>
<td>Commissioning skills and knowledge</td>
<td>Programme specific learning areas:</td>
</tr>
<tr>
<td>- Crisis care concordat</td>
<td>- Successful, safe and ethical decommissioning of services</td>
<td>- Parity of esteem SMI CQUIN</td>
<td>- Interpreting datasets</td>
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Figure 3 Evaluation Learning Areas

Open ended questions were also asked to establish any perceived achievements as a result of the programme, as well as general questions about the respondent's view of the programme design and content.

**Stage 2 Telephone Interviews**
Participants were asked if they would take part in a brief, semi-structured telephone interview approximately 2 months after the questionnaires were completed. The interview consisted of a series of open ended questions to elicit any examples of personal and organisational impact. This also added further context and depth to the results from the questionnaires.

**Stage 3 Third Party Testimonies**
Third party testimonies were collated via an online mixed method questionnaire. Third parties were asked to rate observed skill, knowledge and understanding of colleagues prior to taking part in the programme and at the present time. Open ended questions were also asked to elicit any examples of change in practice.

**Analysis**
Pre and post programme scores for both the self completion questionnaires and the third party testimonies were analysed for significant differences. These changes were identified using the Wilcoxon Signed Ranks test to ensure that the differences found were robust and consistent over the sample as a whole. The impact of the programme was then calculated by measuring the relative percentage increase which is contextual, and captures the change to a persons skill set relative to their pre-existing knowledge.

Results from the self completion questionnaire enabled us to understand the perceived impact of the programme on the individual, or the individual impact. Results from the third party testimony questionnaires enabled us to see the observed impact on individual performance, or the organisational impact.

Open ended question responses and interview transcripts were analysed thematically to add context and augment the results from the survey analysis. Each participant was also assigned a unique reference number which was used across the different evaluation stages to enable cross referencing.
Response Rates and Participation

During March and April 2015 a member of the evaluation project team visited the Celebration Day Workshops (Module 4) in each of the three areas. The evaluation and methodology was briefly explained and participants had an opportunity to meet a member of the evaluation team and ask questions.

A total of 29 people were identified as attending one or more modules within the programme. Attendance information provided by the facilitators showed that 11 (38%) of the total group did not attend all of the face to face workshops scheduled. Emails were sent to the entire group during April and May 2015 which included a link to the online questionnaire. 15 people (52%) completed the survey.

The 29 people identified were also asked if they would be willing to take part in a telephone interview to allow them to speak in more detail about the impact of the programme. Twelve people volunteered, with interviews completed during July and August 2015.

The 29 people were asked if they could nominate an appropriate person to give a third party testimony. Eight third parties were nominated, all of which completed a testimony. A further five people commented that they were unable to nominate a third party, either due to recent changes within the team or because they could not identify anybody appropriate.

Sample Information

Of those who took part in the evaluation, 60% categorised themselves as GP Commissioners. 23% had been in a commissioning role for less than 2 years, with the majority, 62% working in a commissioning role between 2 and 8 years, and 15% for 8 years or more.

![Figure 4 Self completion survey results: How would you categorise your job role in relation to commissioning?](image-url)
Evaluation Findings: Programme Experience

92% rated their experience of the programme as good or excellent

“It spanned a good amount of time so I could digest that information, it wasn't just sort of a one off, you could go back, reflect - that was really, really good. It was excellent to meet those other GPs but also the people who actually worked for the CCG, it was a really nice mix, I think that really helped.”

92% felt that workshops were well structured and coherent and topics were dealt with at an appropriate level and in sufficient depth and that

“Trainers promote a very safe environment to enable people to talk about their limitations, knowledge gaps etc. I think the content of the current programme should in the main remain the same.”

83% felt that subject content and range of topics met expectations

“would have liked more nuts and bolts type stuff e.g. around contracting, specifications etc. but recognise I am at an early point in the role and this might not be in the best interests of all.”

“-the speakers were all very good and very knowledgeable and helpful, and I think the fact that it was quite an interactive course with a mixture of lectures and exercises, group exercises, was positive.”

Please note that due to the sample size all results are indicative.

Questionnaire Statements

Figure 5 Programme Experience: questionnaire statements

The programme is making me feel more confident in the subject area

I feel able to express my professional reasoning / judgement

The trainer / facilitator actively involves me in the learning process

Topics are dealt with at an appropriate level and in sufficient depth

The subject content and range of topics meet my expectations

The workshop sessions are well structured and coherent
75% participants reported that they attended all of the modules they wished to, with the barriers to attending mostly due to personal reasons.

The benefit of a mixed cohort was also described by 7 out of 12 of those interviewed, and almost two thirds of those who completed the survey said that a mixed group was one of the things that should not be changed about the programme.

“It was excellent to meet those other GPs but also the people who actually worked for the CCG, it was a really nice mix, I think that really helped.”

“I know there was some reluctance to include commissioners and managers in the beginning, the fact that we had clinicians and the commissioners in one room and then we worked together was the best, best bit we’d ever done because it really helped us understand each other and understand the rules and the difficulties and the challenges, and - also the passion, you know, that both sides had the passion but faced so many different challenges, which was causing the limitations as opposed to no interest, which was the assumptions that were being made at one point, you know, so that was really good.”

“I think the really positive thing was meeting other commissioners and other GP leads as well, so meeting people from different areas..... if I’d known it was for the commissioners as well, it would have been useful for one of my commissioners to come with me as well, I think that would have been useful.”

“I think the only other thing I had, which they’ve already thought of is that instead of making it a largely clinician-based meeting it could be useful to get the mental health commissioning managers involved in whatever the next iteration is”

Although it is worth also noting that a third of those interviewed commented that the mix of roles did also affect the focus and content of the programme, which is reflected in the statement responses on page 8.

“Would have liked more nuts and bolts type stuff e.g. around contracting, specifications etc. but recognise I am at an early point in the role and this might not be in the best interests of all.”

“Maybe offering a choice of topics rather than a carte blanche At least some didactic learning would have been helpful - just giving references to go away and read is not so helpful....Maybe I am a little selfish here as there was a very wide range of experience and the best bit was working with others”

“I think it worked really well because I think that’s the mix of what you encounter day to day, something that’s really important, and I don’t think separating off clinical and non-clinical work because what I think it does is, it further compounds some people’s perspectives, you know, clinical perspectives and non. What I do think if that’s to continue, the content of the course needs to reflect that.”

“What was difficult was being - not being a GP, and I was on the course with other GPs, so at times I felt a little left out. That wasn’t anything to do with them, because they were completely welcoming, but I wasn’t coming from their experience so I couldn’t really identify perhaps with what they were saying, and they had all been in post a lot longer than I had as well.”

“There was a lot of GP leads and a couple of pure commissioners you know that had a sort of GP day job, a clinical day job, and there was in terms of what was I think we sometimes went off-piste a little bit and in terms of and I didn’t completely understand going with the direction of where the conversation goes and I think that meant that we didn’t cover some of the things, some of the modules in detail as we probably could have done.”
Interview feedback also suggests that some people would prefer more structure to sessions.

“I would have loved to go in depth about one or two things and therefore to have had it more structured, because I think that’s an easier way to go into things, but I know some people like that very much, just talking through things.”

“It was a small group, so we could be more flexible about the agenda and really focus on what people wanted, but again because they were coming from one perspective and myself another, the agenda tended to flex more towards them.”

“We did stick to it sometimes, but the two day bit we wandered quite a long way off the programme. The programme I think looked more interesting than what we did, for me.”

The work based project was also described by 58% of those interviewed as being a positive and useful aspect of the programme.

“...what stood out was having a project to work towards, being able to choose that and work out what was relevant for us and I think like all these things it depends on what you pick, but what you picked was - all we picked was useful for us and working as three of us together got us to a place which we wouldn’t have done if we’d been working on our own. So that was a quite a useful thing. In fact it was exceptionally useful.”

“I think that doing the project helped a lot because I’ve had to look at the cost of doing the project and that helped me learn a bit.”

“Insights from doing that project has helped me understand and talk more confidently about the Crisis Care Concordat within our environment so I think the knowledge gained has given me a bit more wisdom and understanding that has been fed up the food chain as it were.”

“Charlotte circulated the pamphlet will all the projects in, well with some of the projects in, and that was quite helpful because that reminded me again of what people had done.”

“I think that doing the project, writing up the projects was good. I mean, those are the main things, I think.”

“The project was a great opportunity as well to have to apply things in practice. - It was the first project I’d managed because I was so new in post, so it was that - finding a project for me to manage coincided with the course so I was able to pick and choose really which one.”
The self survey questionnaires provide a quantitative measure of pre and post skill, knowledge and understanding levels across the key learning areas.

All results reported are significant (p<0.05) which means that the change has happened as a result of the programme and the probability of this happening by chance is 5 in 100 or less. Self resilience was not found to be significantly impacted by the programme and has been excluded from results shown.

The relative increase is the average percentage change between the pre and post rating scores which can be used as an indicator of the impact that the programme has had on a particular learning area.

The results show that the programme has positively impacted participant’s perceptions of their own ability across the eight key learning areas identified. The results were also analysed and segmented by role and length of time in role.

The programme has positively impacted participants perceptions of their own ability across 8 key learning areas evaluated.

“I really needed to understand how everything fitted together. I have a better overview of overall kind of - health economics and how all the different organisations work with each other as well, so for me that was really great, to meet up with other people who were working in the same area and also just to get an understanding how the whole system works”

100% feel the programme has made them more confident in the subject area

“It has definitely made me feel more confident in the way I approach things. So before I was unsure about a few things but the programme has helped me realise that if I approach it in a different way then it’s going to have some positive outcome. So now I approach things with improved confidence compared to before.”

The self survey questionnaires provide a quantitative measure of pre and post skill, knowledge and understanding levels across the key learning areas.
Self reflection ratings show the impact of the programme was less significant for non-GP commissioners, who made up 20% of those who took part in the evaluation. The reason for this could be due to the small sample sizes involved, although it is worth noting qualitative feedback suggests that non-GP commissioners felt the programme was more targeted at GPs. Further exploration would be required to fully understand this however.

“I felt it was advertised for GPs and GP clinical leads only, and I went and there was mixed GP clinical leads and commissioners, and actually that was hugely helpful in terms of meeting people from different areas and different views, but in - if I’d known it was for the commissioners as well, it would have been useful for one of my commissioners to come with me as well”

“I think I have a slightly skewed perspective in the sense that I’m not a GP and it’s very much targeted at GPs”

Segmenting the data by length of time in role did not result in any significant results in relation to the impact of the programme, although again the sample sizes involved were small which could be the reason for this. Qualitative feedback does suggest that the timing of the programme in relation to length of time in role did influence the perception of how the programme has impacted individuals.

“Because I was new to the role, I was actually really nervous going in there. It gave me a huge amount of confidence after the programme finished. So it spanned a good amount of time so I could digest that information, it wasn’t just sort of a one off, you could go back, reflect, that was really, really good”

“It’s enhanced my knowledge although because of the timing of it, in terms of me joining the role I think I probably haven’t benefited as much as I could have done if I had done the course when I was kind of in the role and had a few months under my belt.”

“It helped my personal growth and learning. I might be able to say differently if I was still in my twenties or early thirties but certainly now it’s more me reminding myself of stuff that I did know but perhaps had forgotten - I tend personally now to be fine tuning what I already know rather than what I remember in my twenties and thirties as sort of revelations about how you might approach things.”

“I’m not sure how much some of them got, because some of them - one of the problems of course, which often happens I mean it’s no-one’s fault, it’s just how life is, that we had people on the course who had done no mental health commissioning at all, ever and didn’t know anything about it, and people who had been doing it for three years full time so how on earth you meet everybody’s needs I have no idea.”

An improved ability to facilitate change was the most commonly reported change in practice.

“Networking has become easier. I am less hesitant in approaching people once I have an aim in mind. I have managed to seek out a new partnership with a new stakeholder purely by promoting our work and helping them understand the synergies that would result if we worked together on a new and exciting project that will benefit both organisations. There are opportunities to capitalise on the strengths offered by both parties.”

“It was a really good way to be with a group of people, to focus people and go ‘Let’s do this, let’s not just talk about it’, you know, let’s put things into action, and I think the way you do that is by getting a group of people who want to do the same thing and are motivated to do that, to get some different chances to do some big things, to change stuff - and by doing that you need to be the one that gets up sometimes and goes ‘Right! Let’s do something different, this isn’t working’ rather than sitting back and going ‘Oh, too big, it won’t work, it takes too much time’.

12
Self Perceived Impact: Understanding of Healthcare Systems and the Structure of the NHS

This learning area saw the biggest increase overall in terms of a positive impact on perceived ability. Relevant legislation and accountability frameworks, key organisations within the NHS and wider healthcare economy, and their roles and how organisations fit together within the NHS and the health care economy were the top three increases in self perceived ability from all learning areas evaluated. Relevant legislation and accountability frameworks was one of the lowest scoring areas by participants prior to the programme which suggests the programme has been particularly effective at improving knowledge and understanding of this area.

“I have a better overview of overall kind of - health economics and how all the different organisations work with each other as well, so for me that was really great, to meet up with other people who were working in the same area and also just to get an understanding how the whole system works”

“I felt constrained by the fact that I had to go through a sequential decision making process but because I understand the system much better I think that’s given me the confidence to now - have the transparency but also approach the right people to speed up the decision making.”

“I think it’s had a huge impact on my personal performance because I just have won an understanding of the commissioning cycle… It’s made me realise the importance of joining up - the joint commissioning process, and how I prioritise my work, it’s given me much more definition of my role.”

“I don’t feel shy anymore and the fact that I have this knowledge of the whole system, which I sort of understood previously before the course but because I think I understand it so much better, I’m able to now pick and choose how I go about it and again, you know that has given me that little bit of a step up in how I approach my local team here who also noticed that there are things I can do better and therefore it’s having some positive outcome.”
Self Perceived Impact: Leadership Skills and Qualities

Although this area scored the lowest average relative increase from the 8 key learning areas, many of the qualitative examples of impact relate to the impact on leadership skills and qualities. The biggest relative increase from this learning area, with an average increase of 28% was in relation to increased confidence within work role. 100% also reported that they feel more confident in the subject areas covered within the programme.

Qualitative feedback supports these results with three quarters of those interviewed described how the programme had increased their confidence, ranging from a general increase in confidence through to more specific examples such as increased confidence during meetings or with understanding commissioning vocabulary.

“I think immediately I had more confidence and greater understanding of the kind of technical jargon that was used, and then you feel that you’re more likely to speak up.”

“I think it’s just made me - it’s increased my confidence and it’s given me some skills, some of which I can name and some of which I probably can’t name but I think I’m probably better at doing things that I don’t notice, and it’s improved communications and working with people outside my direct organisation.”

“I’ve got a bit more confident in being able to challenge - I mean I had no idea that everybody felt as thwarted by their particular partnership Trust, I just assumed it was [Trust name] that was the issue.”

“Being prepared to stick to my guns about things, and - so it’s been helpful in that point of view. I’d say that was the main thing I’ve gained from it. And perhaps being more assertive with other people in meetings as well.”

“I think probably more confidence in my abilities as a leader but not having to change - have a personality transplant in order to do that. The thing I think is - I’m pretty well respected amongst my CCG but they are - a number of them are quite verbal. But I’m respected for my sort of more quiet reflective way of working and I’m becoming more confident in being able to be that way rather than constantly having to shout your position.”
A third of those interviewed described how taking part in the programme has given them the confidence to challenge situations they would have previously felt less able or unable to challenge.

“I feel I know a lot more about outcome-based commissioning and understand that, but most of all I feel I have confidence to challenge…… I’ve been able to say ‘No, actually we want more clinicians on board here, we want other people informing this rather than the provider just speaking, one person, we need to get much more of an understanding of what’s going on’. Things like that, which have a custom and practice, have always been done, it’s allowed me to sort of examine those things and think ‘Hang on, we need to change things here, the way we do things”

“I’ve got a bit more confident in being able to challenge - I mean I had no idea that everybody felt as thwarted by their particular partnership Trust, I just assumed it was [Trust name] that was the issue.”

“Being prepared to stick to my guns about things, and - so it’s been helpful in that point of view. I’d say that was the main thing I’ve gained from it. And perhaps being more assertive with other people in meetings as well.”

“I’ve now realised that the providers have not done what we agreed for them to do, they’ve not matched funding and they’re not expanding it in the way that we’d agreed, so I’m now in the position where I’m going to go in and challenge them next week. So in a way it will impact, because I’m hoping that it will enable more people to be treated, so I’ll challenge them and insist they do deliver it.”

Areas which reflected the smallest increase in self reported skills knowledge and understanding were oral, and written communication skills and self awareness. These were the highest pre-score ratings from all learning areas, which suggests the majority of participants felt these skills and abilities were among the most developed prior to beginning of the programme. Half of those interviewed however mentioned examples of how their ability to either chair or effectively contribute during meetings had improved as a result of the programme, which would arguably include verbal and oral communication skills.

“-people have commented, not necessarily said ‘you chair meetings better now than before you did the course’, but I’ve had several people who have said ‘you chaired that meeting well’, you know, ‘that was a difficult meeting that you did well in’, so it must have made a difference.”

“I think I was better able to follow, build on what people were saying, during the conversation about that particular issue, whereas I’ve been before and I’ve just been inclined to kind of change the subject while people were actually discussing something. I think it gives you more self-awareness”

“I’ve felt more confident to speak up in these meetings, I wouldn’t have initially, but they’re attended by people from the CCG, Social Services, the police, ambulance, carers - and I think having been on that course, I think I’ve had more - yeah, I think I feel more confident to speak up, I have ideas to bring to the table and yeah, that I can be a productive member of the group”
**Self Perceived Impact: Working with others**

![Bar chart showing the impact of working with others]

The most commonly reported gain from the programme was developing networks with 58% of those who completing the survey reporting this.

“We were fortunate, we were in quite a small group and it was actually good, we got to know each other quite well, and it was - from that point of view we had almost a - like individual buddying really, we were - you know, we got to know each other, we were able to develop a relationship and support each other, which I think was really useful. We learned - I think we learned from each other, we’d all had different experiences and different issues that we wanted to cover and I felt that I gained from them and I think they probably gained from me as well, so I think that was really helpful.”

“Meeting others who have similar roles. Learning from others experiences.”

“I have arranged a pan [county] meeting with commissioners and providers to discuss future CAMHS commissioning - this would not have happened without the programme”

“When I put ideas forward during the programme, it was a very worthwhile feeling to have those ideas validated as useful, and this gave me the impetus to carry one of those projects forward and also improved my ability to network and communicate with colleagues.”

This pattern was also observed in the interview feedback with two thirds describing how developing relationships and knowledge sharing had resulted in a positive impact on their own performance.

“-my project was actually working with somebody I met on the course, so actually it’s been brilliant because we’ve formed some real bonds there and we’re doing a really integrated project which has got off the ground so we’re really quite pleased about that .”

“T think the really positive thing was meeting other commissioners and other GP leads as well, so meeting people from different areas.”

“I think the biggest things for me in terms of benefit was getting to meet other people who are working in the field, because it was a GP focused, GP clinical lead, stroke commissioner course.”

“Certainly I’ve shared a lot of the stuff about the liaison work so that has gone up, one of the team did a project on payment for liaison psychiatry and that has been fed back to our organisations and that has started to impact the negotiations with our acute Trusts, so that was a very positive outcome.”
Self Perceived Impact: Commissioning Skills and Knowledge

Although all results within this learning area showed a positive increase, overall this area was among the lowest perceived area of impact. Interview feedback suggests that for those who are more experienced, commissioning skills and knowledge is perceived as an area of competence, which may give some explanation to why lower relative increases are observed. In other cases the type and extent of the role appeared to influence whether or not aspects of the technical commissioning skills were required within the role, however further exploration would be required to fully understand this.

“I’ve been in a commissioning role for quite a few years, so understanding the commissioning element of it - not that that’s a thing I do brilliantly anyway - it does mean that I know how it needs to be done, so my skills around sort of working cross-organisationally is I’d say quite good already.”

“-in terms of resources, I haven’t been so involved in that, I’ve been much more I guess in the ideas and concepts part of things and I think probably my service redesign manager has been a bigger part of that.”

“I don’t manage too many resources personally other than - you know, because I’m involved in commissioning, but - so from that perspective only in the sense that I don’t manage too many resources, but I think from what I am involved in the commissioning cycle and the design and strategising, I think I have learned a lot.”
Self perceived impact: Programme Specific Learning Areas

Programme specific learning areas relate to themed workshops and identified priorities which were covered within the programme during the period evaluated.

These learning areas were amongst the lower pre-programme ability scoring and saw some of the highest average relative increase measures from the areas covered within the programme. This result suggests that the programme has successfully identified and met the learning needs of the programme participants.

This was also supported by qualitative feedback.

“I think the skills I learned on the course about how to negotiate and chair, looking at each work stream, which of the relationships that are going to be the most influential, which are the relationships I need to foster and prioritise and I think in the Crisis Care Concordat work particularly I have really benefited from that because you’re working across agencies and you’ve got a lot of people with a host of different agendas and, so I think using the principles of the course, I chair that group and its made me far more aware and confident in doing that, and again its allowed me to feel more confident in my challenges…..so I think in the Crisis Care Concordat work its been particularly key”
Observed Impact: Third party Testimony

Managers and colleagues observed the largest relative increase in participants understanding of the crisis care concordat.

Managers and colleagues observed significant increases in the commissioning skills and knowledge of those who have taken part in the programme.

Managers and colleagues observed significant increases in the knowledge and understanding of successful, safe and ethical decommissioning of services, of those who have taken part in the programme.

Figure 6 Validated survey response ratings (self completion questionnaires and third part testimonies)

<table>
<thead>
<tr>
<th>Validated Survey Response Ratings</th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Self Rating</td>
<td>Third party</td>
</tr>
<tr>
<td></td>
<td>Z</td>
<td>Asymp. Sig. (2-tailed)</td>
</tr>
<tr>
<td>Knowledge and understanding of successful, safe and ethical decommissioning of services</td>
<td>-2.414b</td>
<td>0.02</td>
</tr>
<tr>
<td>Knowledge and understanding of the crisis care concordat</td>
<td>-2.533b</td>
<td>0.01</td>
</tr>
<tr>
<td>Commissioning skills and knowledge</td>
<td>-2.949b</td>
<td>0.00</td>
</tr>
</tbody>
</table>

Key
- <0.01 Highly Significant
- <0.05 Significant
- >0.05 Non-significant

Cross referencing third party results with self perceived ratings gives a validated impact score. This means participants perceive their skill, knowledge and understanding has increased and these changes have also been observed by line managers and colleagues which is arguably an example of organisational impact.
The results show a significant positive impact in 3 out of 13 questions rated by third parties. These three areas were also the lowest scoring pre-programme ratings by observers and saw the biggest relative increase of the 13 questioned areas. This suggests that the programmes strengths are in developing ‘knowledge and understanding of successful, safe and ethical decommissioning of services’, ‘knowledge and understanding of the crisis care concordat’ and developing ‘commissioning skills and knowledge’. Interestingly the observed relative increase is significantly higher than the self perceived increase in relation to commissioning skills and knowledge.

Comments below by line managers and colleagues give further detail to observed impacts:

**What key things do you think your co-worker has learnt / taken away from the programme?**

“I think Jackie has learnt how to voice her opinions with greater confidence; in particular I think she works with service users and carers in a more effective manner, channelling their input accordingly; her understanding of the NHS and how it works has also improved knowledge and increased involvement understanding the ways things are done.”
*Interim Service Redesign Manager*

“Ability to work across the health and social care system and able to manage change processes”
*Head of Mental Health Commissioning*

“Diplomacy”
*Head of Strategic Commissioning - Mental Health*

“Knowledge and increased involvement understanding the ways things are done.”
*MH Lead GP Commissioner*

**Please provide an example of how your co-workers practice has changed as a result of taking part in the programme**

“Jackie brings patients/service users to meetings and now works with them in a really effective manner, ensuring their voice is heard and channelling their input, without over powering it in any way”
*Interim Service Redesign Manager*

“More confidence in dealing with and managing organisation performance”
*Head of Mental Health Commissioning*

“More patient conduct in meetings”
*Head of Strategic Commissioning - Mental Health*

“Wanting to attend some of the planning meetings and contributing to the agenda.”
*MH Lead GP Commissioner*

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* Name has been changed
The following learning areas were also rated by the third parties and although the results showed a positive increase these were not found to be significant, so therefore cannot be reported as an impact of the programme.

1. Understanding of healthcare systems and the structure of the NHS
2. Communication skills
3. Leadership skills
4. Confidence
5. Influencing skills
6. Ability to work effectively in partnership with other organisations
7. Ability to build and maintain working relationships
8. Ability to support others to improve performance
9. Ability to lead change through people
10. Ability to manage conflict

This could be due to the small sample size involved, or this could be that these skills have simply not been observed by those who completed the testimony. Further exploration would be needed to fully understand the reason for this.

There were some contextual identified as barriers to implementing learning; 58% of those who completed the survey stated that time, either on a personal level or timescales involved in commissioning processes, hindered them from applying learning from the programme.

“Time - it is so difficult to create space within my life."

“Time is always an issue."

“Time scales for confirmation of funding. Recruitment time scales, limited skilled experience in local work force."

“There are Lots of people involved in putting a project into action. It can take ages to get them all in the same room. Also GP’s can be difficult to engage.”
Further Examples of Impact

The following examples illustrate the impact of the programme both on an organisational and individual level:

Working with the National Mental Health Intelligence Network

“What has been really interesting is knowing about - because I had no idea before about this mental health intelligence network and fingertips tool - being able to access national data because in commissioning you have lots of people coming to you with lots of ideas, and it’s trying to unpick those - the wheat from the chaff and understand baselines to start with, really. Being able to go and get that information now and understand how I can get it and present that, that I think has helped, particularly around IAPT. There’s been a lot of pressure nationally around the IAPT agenda and in our own organisation and I think that I’ve been able to push back a bit rather than just going along with the panic or anxiety about it, to say ‘well, look, this is the national picture, and this is what other people are doing’ and - so that’s been really helpful, to do things in a more measured and considerate way, with more evidence.

Informed Leaders using National Information Resources and Adopting Good Practice

“There’s been so many opportunities to talk with people on the course and sort of steal ideas, hear about national good practice, we had somebody talk about their acute care pathway, we had people with lived experience on the course and then just on the day to day liaison with the others on the course, so I think that what I said earlier about the data, that’s really impacted on my ability to improve services, that and the national and local context, we have some really big work streams going through, the Concordat I mentioned and psychological therapies, trying to improve our access to psychological therapies, and I would say they were all, those two work streams, particularly I think the course has really helped me to drive those forward and I led on writing the psychological therapies strategy - I don’t think I would have been in a position to have done it if I hadn’t have done the course before.”

Confidence to Challenge

“I think I feel much better prepared, I’m much better prepared now. I feel I’m able to research things better before we go into - you know, meetings and things about redesign and so forth, I feel I know a lot more about outcome-based commissioning and understand that, but most of all I feel I have confidence to challenge, I think I mentioned that earlier, there can be a lot of conflict in commissioning I’ve realised, and you do need to have confidence and know that you’re coming from an informed position in when you’re leading in that, and I feel I have that better and for example you know, a very minor example that comes to mind then is that we’ve relied a lot on one of the locality directors from the provider to give us information and feedback, and I’ve been able to - you know, say no - it might sound very minor, but it’s not in the political scheme of things it’s quite big, we’ve been able to say ‘No, actually we want more clinicians on board here, we want other people informing this’ rather than the provider just speaking, one person, we need to get much more of an understanding of what’s going on. Things like that, which have a custom and practice, have always been done, it’s allowed me sort of examine those things and think ‘Hang on, we need to change things here, the way we do things.’

Development and Sharing of New Initiatives

“From work on particular projects that we were focusing on we implemented this educational session that is now rolled out to three of our localities and it’s going to be done in the other side of [the county] which are three - four other CCGs, and some information about mental health really about primary care and crisis. So that’s been really good.”
Learning and Adapting

“I think it comes back to both the sort of conscious confidence and the motivation, they were the two things I got most out of there - it wasn’t that I wasn’t motivated before, but it’s just I’ve got this like, a bit more drive, a ‘Come on, let’s do this, let’s actually do this rather than talk about it.’ And so as I’ve said I’ve sort of - when we were trying to get together with carer and patient groups it wasn’t really working with the method we were using, which was emailing you know, so I was just at the point of going ‘what can we do to engage people more, let’s sit around and talk it through rather than just doing the same thing which isn’t working’. And I think that was good because it also made us talk, because everyone was finding it difficult to engage people so we sat around and said ‘Okay, what do we need to do differently?’ and it got that ball rolling rather than just letting the months tick by and going ‘Oh yes, I’ll send out another email, make another phone call’ and think about ways that need to change it rather than just doing the same thing. - I initially sent out an email saying ‘I’m struggling with this, how are you’ - as I’ve said there’s four of us - ‘how are you getting on with it?’ And I think my initial feeling was that everybody was kind of relieved that I’d sent that out because I think we were all just silently struggling on saying ‘We’re fine, we’re fine’ you know, and actually we were able to share that it was really difficult and that it was hard to engage GPs and then we had a meeting subsequent to that and just - yeah, restructured things a bit. - we’ve changed the way we’ve done it. We’ve stopped doing it by email and have sort of broken it down, so instead of us all doing the same thing we are making it a bit more personalised and doing small sections of the project rather than everyone sort of taking on the big projects, sort of, we were able to sit down and say ‘this isn’t working, let’s cut it up into smaller chunks,’ do things that we feel meet our skill sets, you know, some people are better at reading through the documents, other people are better at going out and talking to people, you know, and just looking at where our strengths are in the group and thinking that way.”

Patient Centred Service Re-design

“So some of the sessions we did, particularly with - I’m trying to remember the organisation, [MIND] they had, right from the beginning they designed services around what service users said they wanted. So that really made me think about that, so I’ve been pushing that as really where we need to start, and we are shortly starting, so I think you know, that will make a really big difference, just seeing the impact that can make right from the beginning, of considering redesigning and to have service users there - I’ve got quite a few now who are interested - who will hopefully go on to kind of help us to form what we think the service could look like, so yeah, a really, really good impact, without the course I wouldn’t have been able to do that.”

Forging New working Relationships which Benefit Service Development

“I’ve spoken to [county] about their PPI work, and I - actually I emailed Geraldine Stratheed about some IAPT questions, just because I was a bit more confident doing that, and we’ve used some of the fingertips data in some of our commissioning, which I wasn’t aware of before the course and that wasn’t contacting, that was just using data that we hadn’t been aware of before. And we’ve been in quite close contact with commissioners pan-[county] since the course, because we met on the course as well, so that’s led to some pan-[county] work. - so we’re working up an eating disorder proposal for CAMHS pan-[county], so we’ve had meetings about that since the course, and that’s directly come out of that, whereas if I hadn’t done the course - and one of the commissioners from [county] hadn’t been on the course, I don’t think we would have linked up in the same way.”
Case Study: Jackie, Mental Health Clinical Lead

Jackie was recently appointed in her role and found the timing of the programme was particularly useful to her and enjoyed the experience of taking part in the face to face workshops.

"it was very open, it was a very - it kind of encouraged people to communicate, to talk and share ideas and I came out motivated and feeling excited about being part of - you know, mental health and trying to improve it"

Jackie felt that taking part really increased her confidence and one of the biggest changes she noticed in her own performance was that she was more proactive and motivated and less passive. Hearing about examples of good practice in other areas inspired Jackie and she has used knowledge gained via the programme on a patient and carer group she runs. Jackie also felt more confident as a leader and in communicating with stakeholders, which is supporting her in a service re-design initiative.

“I found that even after the first couple of modules I was sending out emails like ‘This isn’t working, let’s try this’. Whereas I think before I think I could have been a little more passive, and it’s made me really want to change things because there are people out there who have done new exciting things, and I can bring that to the table and say ‘Well, you know, over here they were trying this and it seemed to work’ and - yeah, it was being around people like that and so the way it impacted was that I have been more motivated to do things”

“I’ve said look, I really want to lead, make this the thing that I get my teeth into, so we’ve been attending lots of meetings, I’ve been getting carers on board and getting their ideas, and trying to make it more grass roots and more service user led, and I’ve really - yeah, I think I’ve really enjoyed that and I’ve felt more confident to speak up in these meetings, I wouldn’t have initially, but they’re attended by people from the CCG, Social Services, the police, ambulance, carers - and I think having been on that course, I think I’ve had more - yeah, I think I feel more confident to speak up, I have ideas to bring to the table and yeah, that I can be a productive member of the group.”

Jackie’s colleague has also observed an increase in confidence particularly in working with service users and carers.

“Jackie’s commitment to the projects she works on is unparalleled - I’ve particularly enjoyed working with her on the Crisis Care work, and gaining an insight into how it will help to support her as a GP."

Interim Service Redesign Manager
Case Study: Katerina, GP Commissioner
Katerina has been in the role of GP Commissioner for 4 years and found the experience enjoyable but as a more experienced GP commissioner initially felt the programme had not impacted her in any way.

“Well I enjoyed it, so that was good. It’s really nice to take a day out. Its really nice that what we were doing was worthwhile enough to put all that effort in. And there is a lot of effort put into it, you can see that. I mean, for example your evaluation of it shows it was really well thought out.”

“there were no light bulb moments. Possibly - I mean, it’s a bit unfair because I have done lots of this stuff before.”

“I think I would have found it more helpful to have one or two specific - either case studies or various things rather than just a lot alluded to and not gone into in detail. But I’m also aware that you can’t just do a course for what one person wants.”

When reflecting on the programme however, Katerina recalled how the “experts by experience” and the public health information sections of the programme have subsequently influenced her practice and she has used both of these resources since attending the programme. A colleague has also observed that Katerina’s confidence has increased when dealing with and managing organisational performance.

“the Public Health England information, where you can get information about your area, that was quite an interesting thing and I have used that information since, so - I can’t remember what the session was called, but it was about getting information about your locality, which is fairly new, which is more available. So that helped me prepare one or two presentations.”

“-experts by experience, and the amount of work that had to go in to enable them to help us, so - I mean, I know they’d met with them before, somebody was with them throughout and then they were debriefed after talking with us, so that was quite a large amount of work that went in and in fact that was very useful to hear what they had to say. - we have actually used experts by experience once since, so maybe the answer is yes [it has impacted work I have done subsequently], I hadn‘t before in the teaching session I was doing”

Katerina felt that the most valuable part of the programme to her was getting to know others via the programme particularly as a starting point for succession planning

“the big thing I’d hoped to come out from it is to actually try and keep the others that came along from the other CCGs on board, so - and it’s the first time they’ve joined me and you know, talk about succession planning and all that kind of thing, and we can actually - it’s been quite difficult to take that forward, and if that happened then it would have been worth its weight in gold.”

“It’s the first time I’ve - one of them I’d worked with quite closely already and one was - really hadn’t wanted to do any more, but one of them - it was the first time I’d worked with her and she’s a potential leader.”

Please note case studies have been anonymised
Conclusion
The evaluation illustrates that the programme has been a positive learning experience for participants.

Results show that the programme has positively impacted the perceived and observed skill, knowledge and understanding of those who have taken part.

Participants perceive significant impacts in ability across 8 key learning areas covered by the evaluation, including leadership skills, technical commissioning skills and knowledge of healthcare systems and structures.

Cross referencing third party results with self perceived ratings gives a validated impact score. This means participants perceive their skill, knowledge and understanding has increased and these changes have also been observed by line managers and colleagues which is arguably an example of organisational impact. The results highlighted 3 validated impact areas:

1. Commissioning skills and knowledge
2. Knowledge and understanding of successful, safe and ethical decommissioning of services
3. Knowledge and understanding of the crisis care concordat

The above three areas were also the lowest scoring pre-programme ratings by observers and saw the highest relative increase of the 13 questioned areas. This suggests that the programmes strengths are in developing ‘knowledge and understanding of successful, safe and ethical decommissioning of services’, ‘knowledge and understanding of the crisis care concordat’ and developing ‘commissioning skills and knowledge’. Interestingly the observed relative increase is significantly higher than the self perceived increase in relation to commissioning skills and knowledge.

10 further learning areas were also rated by the third parties and although the results showed a positive increase these were not found to be significant. These were mostly relating to soft skills such as communication, working in partnership and leading change through people but also included understanding of healthcare systems and the structure of the NHS. This could be due to the small sample size involved, or this could be that these skills have simply not been observed by those who completed the testimony. Further exploration would be needed to fully understand the reason for this. This was supported to some extent by self perceived impacts as areas which reflected the smallest increase in self reported skills knowledge and understanding were oral, and written communication skills, and self awareness. These were the highest pre-score ratings from all learning areas which suggests the majority of participants felt these skills and abilities were among the most developed prior to beginning the programme and that the programme has prioritised the least developed skills and abilities of those attending.

Self resilience was not found to be significantly impacted by the programme and has been excluded from results shown, however further exploration would be required to understand this further.

The biggest gain reported by participants from attending the programme was developing working relationships and an extended network, with examples of good practice shared as a result of relationships developed on the programme were described during interviews with participants. The work based project was also considered a beneficial aspect of the programme by participants due to this requiring the application of learning and in some cases work with other colleagues within the programme.

All participants reported increased confidence as a result of taking part in the programme, which although was not found to be significantly impacted was supported by third party feedback.

An improved ability to facilitate change was the most commonly reported change in practice.
There were some contextual factors which influenced the impact on of the programme including barriers to implementing learning of which the majority were time constraints, although lack of support from support from key stakeholders was also considered a factor.

A large proportion of those who took part in the evaluation believed that including both GP and non-GP commissioners on the same programme was beneficial although some feedback indicated that a mix of roles and experiences did result in the content and subject of workshops being less relevant to them. The work based project was also mentioned as a useful aspect of the programme by 41% of those interviewed.

**Recommendations**

Although the methodology used for this evaluation was robust there are measures which could be taken to improve future evaluations of this kind.

The sample size for this evaluation did not reach statistically significant numbers, integrating the evaluation within the delivery of a programme design could encourage higher participation rates, as could completing the evaluation longitudinally rather than retrospectively. Engagement of line managers and colleagues within the programme process could also potentially increase the number of third party testimonies gained within future evaluations.

Further exploration could be undertaken in relation to the type of role and the length of time in role and the effect of this on perceived and observed impacts.

Further research could also be undertaken at a patient, service user and carer level to understand the perceived impact on commissioning practice on services.

**Glossary**

CCG  Clinical Care Group
CLAHRC  Collaboration for Leadership in Applied Health Research and Care
Experts by Experience  People who have experience of using health and care services
LA  Local Authority
NIHR  National Institute of Health Research
CLAHRC  Collaboration for Leadership in Applied Health Research and Care
SCN  Strategic Clinical Network
SMI CQUIN  Severe Mental Illness Commissioning for Quality and Innovation (CQUIN)
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