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

Impact Evaluation: Interim Report

A summary of preliminary findings
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Background

SCN East of England commissioned the independent evaluation of the South England GP Mental Health Commissioning Skills and Leadership Development Programme. The evaluation is being completed by NIHR 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 preliminary findings of the evaluation for participants who took part in the programme.

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. 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.

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.

Local SCNs, 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.

Evaluation Methodology

The framework used to develop the methodology was the NHS Clinical Leadership Competency Framework 2010. The evaluation used a mixed method approach and included self-evaluation questionnaires, with follow up telephone interviews and a third party testimony. The mixed methodology is designed to assess the impact of the programme on the individuals performance, as well as any organisational impacts of the learning undertaken and is validated via the use of a third party testimony. Other general questions about the individual’s experience of the overall programme are also gauged.

Stage 1: The questionnaire used the NHS Leadership framework as basis along with themed questions relevant to specific workshops. 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. Open ended questions were also asked to establish any perceived achievements as the result of the programme, as well as general questions about the respondent’s view of the programme design and content.

Stage 2: Semi-structured telephone interviews were carried out approximately two months after the questionnaires and were designed to enable individuals to talk about examples of personal and organisation impact and to augment the results from the questionnaires.

Stage 3: Third party testimonies were collated via an online questionnaire and used a mixed method approach. A unique reference number was assigned in order to be able to correlate the response with the individual’s survey results.

Analysis

The impact is calculated by analysing the questionnaire results using the Wilcoxon Signed Ranks test to test for significant differences between the pre and post ratings. The measure demonstrates the relative increase from the original starting point, which is contextual, so if a respondent has reported themselves low on a particular scale, the gain is shown via the relationship to the original score.

The two scores are also tested for significance to measure the probability of the change happening as a result of the programme. The impact is represented using the relative percentage increase measure. These results are cross referenced with the third party testimony results in order to validate these.

Interview transcripts are analysed thematically to augment the results from the survey analysis.
Participation

A total of 29 people were identified as attending one or more modules within the programme.

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.

Of those who took part in the evaluation, 60% categorised themselves as GP Commissioners. Just under 25% had been in a commissioning role for 2 years or less, with the majority, 62% working in a commissioning role between 2 and 8 years.

Preliminary Findings

Preliminary analysis has been completed on the self evaluation questionnaire data and telephone interview transcripts. Generally the programme was well received by those who attended with 92% rating their overall experience of the programme as good or excellent. Some feedback indicated that the programme subject and content did not meet expectations. This appeared to be linked to mixed experience levels within the cohort and the mix of roles within the groups, and although this was acknowledged as very positive, this impacted the focus of the programme content within the group.

Early findings indicate that the programme has significantly increased participants understanding of the NHS and health care systems and improved the overall confidence of all who have taken part.

Other themes which have emerged from telephone interviews is that taking part in the programme has empowered a third of those interviewed to challenge situations they would have previously felt less able to challenge. Those who took part in the programme also believe there is benefit in GP and non-GP commissioners taking part in the programme together. Although as highlighted above, further consideration is required in order to manage subject and content within a mixed group for this to work effectively for all.

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

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.”

“The agenda tended to flex more towards them which was absolutely appropriate because they were in the majority….. I would have loved more on the technicalities whereas they were in a position where they were able to go past that and think more strategically and so forth, so it was highly appropriate that that was what was focused on”

“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 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.”

Impact on Leadership Development

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

“I think it’s increased my confidence and - because I’ve learned techniques from some of the sessions that we had which I’ve used in meetings and chairing meetings, I think it’s - I think I came away from it feeling that I was, you know, on a par with the other people doing the same roles or some other roles to me, so I mean again that gives you confidence that you’re not out of your depth.”

“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.”
Results show a significant increase in the understanding of the NHS and health care systems

“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.”

Emergent themes:

Taking part in the programme has empowered a third of those interviewed 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.”
Participants believe there is value in GP and non-GP commissioners attending the same programme

“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 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 it [mixing GP and non-GP commissioners] 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.”

Next Steps

Further analysis is required to establish any correlating factors between results. Validation of the third party testimonies and interviews is also required. A full report will be available in January 2016.

A parallel evaluation has also been completed on a MH Commissioners Leadership programme in the East of England. The East of England programme is commissioned by the SCN East of England and has been running since 2013. The East of England programme has a more fluid structure, which evolves in line with local priorities and offers a series of bi-monthly workshops, formal coaching and facilitated information sharing. Those who attend register on an ad-hoc basis. A comparison against the evaluation results of the South England Programme will also be completed to explore any differences in impact between the two data results.

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