jit joint improvement team

South West Glasgow
Community Health & Care Partnership

SOUTH WEST COMMUNITY HEALTH CARE PARTNERSHIP

JOINT IMPROVEMENT TEAM-USER DEFINED SERVICE EVALUATION TOOLKIT

IDENTIFYING USER OUTCOMES

FINDINGS FROM SWCHCP PILOT STAFF SURVEY OF 25 SERVICE USERS WITHIN OLDER PEOPLE & PHYSICAL DISABILITY CARE GROUP

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Membership of Glasgow South West Community Health Care Partnership Steering Group on User Defined Service Evaluation Toolkit (UDSET), Identifying Service User and Carer Outcomes

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SOUTH WEST CHCP UDSET OUTCOMES PILOT OF 25 SERVICE USERS

1. Introduction

In order to develop and measure Service User outcomes as part of a national agenda South West Community Health Care Partnership (SWCHCP) agreed to participate in a Pilot study to identify and measure differences and impacts that services made to service users using an outcomes based approach as part of potential future performance reporting requirements.

During July and August 2008 South West CHCP staff (11) conducted Interviews with 25 service users within Older People & Physical Disability care group as part of current care management review processes. An outcomes approach would be added to existing care management review interviews and processes to test if outcome prompts, using a questionnaire, offered additional insight into users experiences, perceptions and satisfaction levels about services.

2. Background

Using initial guidance, frameworks and approaches developed by the Universities of York and Glasgow, Department of Health (DOH) funded research and the Joint Improvement Team (JIT), a SWCHCP Steering Sub group was established and devised a questionnaire to test consideration of outcomes with service users. The questionnaire attempted to gauge service engagement, service provision, satisfaction and changes around the 14 suggested outcomes outlined below in the DOH study in addition to reviewing existing service provision by traditional methods of performance measurement and reporting.

Department of Health Funded Research 2004-2006 –14 Identified Outcomes

Outcomes can be defined as:

- The impact or end result of service(s) on a person's life.
- The service user or carer is involved in partnerships to identify desired outcomes that are important to them using language that is meaningful to them.

The Department of Health funded research and further academic research which fully consulted with service users identified the following 14 outcomes as most relevant and meaningful to service users in measuring services and discussing changes to their circumstances. These 14 outcomes are traditionally categorised as either Process, (Engaging) Maintenance (Quality of life) or Change (Confidence, Skills & Mobility) outcomes. Ideally Maintenance and Change

outcomes will be identified at initial engagement, assessment and care planning stages and then all three types of outcomes will be checked for progress at care review stages

A similar but more relevant set of suggested outcomes was also developed for carers. A pilot in North CHCP, and a small study in SWCHCP will consider outcomes for carers during November 2008.

14 Outcomes

Quality of life (Maintenance)	**Process**	**Change**
Feeling safe Having things to do Seeing people Staying well Life as want Dealing with stigma	Listened to Having a say (Choice) Treated with respect Responsiveness Reliability	Improved confidence & skills Improved mobility Reduced symptoms

User Defined Service Evaluation Toolkit (UDSET)

The core documentation framework that directed discussion and approaches to this pilot were the Joint Improvement Team's "Do Health & Social Care Partnerships Deliver Good Outcomes to Service Users & Carers? Development of the User Defined Service Evaluation Toolkit (UDSET)". This framework provided initial questionnaires and guidance on outcomes to date and provided a useful starting point for SWCHCP to develop a similar questionnaire tailored to SWCHCP's requirements.

Second Pilot in SWCHCP

JIT members joined SWCHCP's Steering group and also provided funding, after competitive interviews, for an Independent organisation, FMR Research, to conduct 50 additional Interviews with service users on behalf of SWCHCP. FMR would also be testing the use of outcomes to identify and measure service users experience of services using outcome based prompts during interviews. However, FMR's approach would concentrate on narrative qualitative responses rather than quantitative ratings/scores. This additional pilot conducted by independent interviews by FMR would add independent validation to the process and allow for some comparing and contrasting with the SWCHCP staff pilot.
The service users interviewed by FMR within OPPD were receiving services but not due for care management reviews and lived within a variety of different accommodation settings and received a variety of services

3. Questionnaire Sampling SWCHCP x 25 Service Users

Sample categories of 25 Service users within Older People & Physical Disability

Categories							
Care types	Frail Elderly 12	Dementia 8	Physical Disability 4	Complex 1			
Types of service	Homecare 8	Nursing 5	Residential 3	Day care 2	Day Opportunities 2	Support package 3	Supported Living 2
Accommodation Type	Own Home	Care Home	Sheltered Housing				

	16	8	1				
Ethnicity	Scottish White 25						
Living Alone	8 of 25						
Date Service started	2000 3	2002 1	2004 2	2005 4	2006 2	2007 5	2008 8
Age profiles	40-60yrs 3	61-70yrs 2	71-80yrs 13	81-90yrs 4	91+ 3		
Gender	Male x 9	Female x 16					

4. FINDINGS

The quantitative scores are available for every question and averaged for every section. On this basis overall scores are high at averages of:

Questionnaire Sections	Average Score	Scoring definition	
Satisfaction with Staff & Services	84.5%	Very High	**81-100%**
Support with Quality of Life	77.16%	High	**61-80%**
Changes to your life	49.25 or 58%	Medium	**41-60%**
Overall satisfaction	86.3%	Low	**21-40%**
Open ended questions (x 3)	78.6%	Very low	**0-20%**

Changes to your life question resulted in a very high (87%) don't know/no comment return for education, training and employment which substantially altered this average so I have shown this average with and without the employment question above.

Frequency of the 14 Outcomes

Of the 14 outcomes used as prompting text the following six (two from each heading of Process, Quality of life and Change) emerged as the ones users either rated most highly, provided most narrative text or helped to inform responses or had relationships to other outcomes. However, as all outcomes were prompted for they all featured and users responses depended on what was important to them in the context of the discussion subject. By contrast a reliable service or being treated with respect could score very high but could be taken as a given and not generate any discussion or supported comments/text from the service user.

Process	Maintenance Quality of life	Change
Listened to	Feeling safe	Confidence
Responsiveness (to needs not wishes)	Seeing people	Reduced Symptoms (wellbeing)

5. Practice Issues

A range of issues needs to be considered in discussing this Pilot.

1. When asking service users or carers about services we need to be clear about definitions and what part of the service we asking for comment on. When asking users or carers about whether they were listened to or giving choice do we mean initially the assessing staff, care manager or care or support provider or all staff who users engage with? If asking users about satisfaction with a service do we mean the level (number of hours) or the actual provision of the service by staff? The first of these is determined by Social Work through assessment, the latter is provided by service providers via a contract and service specification.

Service users may also be getting more than one service so which service element are we measuring or trying to unpick.

2. This pilot (of 25 service users by Social work staff) has suggested very high and high levels of satisfaction, support and improvement are occurring. Is this reflective of a high level of genuine satisfaction or of the client group older people being culturally more grateful and more accepting and less likely to complain. What significance is there that this pilot took place during care management reviews by Social Work staff, or a combination of all of these factors.

3. Can the UDSET approach supplement or be chosen as a specific alternative to the existing Service Users Questionnaire used within the existing Contract Management Framework during Purchased Service Reviews. In relation to outcome identification and measurement within contracts how aligned are the existing 8 core service objectives within the CMF with service user outcomes (Appendix 5)?

4. Initial feedback from staff was that overall taking additional time to further define and identify outcomes was a positive thing to do with service users and a positive experience. However, resource time for all staff who participated in this process suggest that whilst not unduly onerous (and an element of good practice anyway) extra time was needed to reassure service users and extract this information. Additional time would be needed for analysis and reporting especially with much bigger samples. This small survey has involved a large amount of staff, agency and user time and it is important that the findings are shared especially with the pilot of carers in North CHCP.

5. Staff additionally reported that a couple of trials were needed to get fully into the swing of the extensive dialogue around the subtleties of outcomes and using the outcomes prompts but only one or two samples in most cases was conducted by each member of staff, restricting getting into a flow in using the outcomes approach.

6. How do we build outcome data identification & collection, management, analysis and implications of that outcome data into future Assessment, Carefirst recording and service development? Outcome Planning and Commissioning are currently under consideration, however, how do we systematically incorporate this into practice and service delivery?

7. What similarities, differences and implications can be drawn from the Pilot of 50 service users conducted by FMR Research.

8. Despite data being analysed by gender and care type, such as Frail Elderly or Physical Disability, type of accommodation, such as care home or at home or by type of service, no clear patterns emerge from such a small sample affecting overall satisfaction levels or outcomes findings. It is suggested different client groups will provide different responses. However, the current outcomes matrix of 14 outcomes should be sufficient to capture most if not all outcome and service themes.

9. If outcome prompts are to be successful greater clarity and convergence is needed regarding the number of existing and emerging reporting frameworks both nationally and locally that exists.

10. Similarly trying to determine 14 outcomes will in most cases prove difficult for each service user (not that this is being suggested). Perhaps the 14 outcomes are best thought of as a suite of outcomes for overall consideration that are then refined based on the 3 categories of Process, Quality of life and Change and the particulars and circumstances of any particular service user or carer.

11. Their exists the need to cross reference the existing suite of UDSET outcomes with existing practices, paperwork and processes to see where they can be aligned and incorporated.

6. Conclusions/Recommendations

With only a limited sample of 25, within one CHCP, and one care group some caution needs to be considered in relation to the findings. However, using the outcome based approach provided endless sources of detailed information and insights into users views about themselves and their circumstances and services that even if substantial numbers of users are sampled quantitative data alone is unable to match.

1. Most user perceptions that are expressed as a quantitative response/score are of a high standard of service and of caring staff. The highest satisfaction levels for staff and services appeared to be with factors such as process outcomes that staff have direct influence over such as their attitude to service users and listening and being attentive to their needs. Satisfaction levels reduced regarding issues that staff had less control over such as Change and Quality of life indicators including Personalisation of services, choices, types and timing of service provision or over staffing levels.

2. Family members and carers tended to be more critical or less positive than Older People service users who tended to be more accepting of current service provision. This reflects a similar position in SWIA's recent performance Inspection for Glasgow (2007).

3. Most positive or negative issues came from the same people in that service users were either satisfied or unsatisfied with services with very little variation in between. Responses were very heavily influenced by current medical condition and mobility.

4. Narrative contextual outcome identification and feedback from service users, carers and families is crucial in determining users experience and evaluation of services. Users want to talk about their experiences of services placing less emphasis on scoring/rating them.

5. One major finding was re-inforcing how comfortable staff were with quantitative elements and less comfortable with recording narrative data information. The best example of this was that all (100%) quantitative data were returned but despite advising staff to support all quantitative responses with qualitative narrative evidence this was not provided at all in some cases and not fully in some other cases (72%). Future questionnaires, or more accurately prompting tools, will need to address this by redesigning reporting process (seeking qualitative information before quantitative information) and perhaps by limiting or grouping the number of outcome questions. However, where comments were provided they fully supported scorings and added detail and richness to the overall picture and story of the person much more fully. One example of this would be the following, "staff have been my lifeline as I have no family". How do you measure this statement?

6. Outcome focused measures need to be core to performance recording and monitoring arrangements.

7. The Pilot has provided useful lessons regarding questionnaire methodology, such as length, structure and layout, identification of sampling, staff time and difficulties of interpreting subjective data to identify outcomes. The more subtle outcomes such as measuring or assessing of recovery and reduction of symptoms needs more thought to aid analysis. In addition how do we measure the preventative role that service provision might have impacted on?

8. Staff were clear that no separate questionnaire process for capturing outcomes was realistic and that this outcome information, had to be integral to initial interventions starting at initial engagement, assessment, care management and reviews. This cycle then had to feed into Reporting & Monitoring and then Planning and Commissioning.

9. In addition any issues from this report need to inform and influence other areas of activity such as:
   Management of long term conditions
   National Training Framework for Care Management
   Future audits identifying outcomes as a measure of evaluation
   Consultation with service users and carers & production of local Development Plans
   Contract Management Framework
   Compatibility of IT systems and specifically CareAssess
   Staff development and training requirements.
   Performance management framework both locally & nationally.

10. Although the outcomes approach using prompts is welcome, different approaches have to be considered for different client groups with different priorities and even within client groups such as OPPD and service users with Dementia. Digital storytelling by service users and carers provides another example of how we can reflect, measure and think creatively about what users and carers think about services and how we can improve them. Glasgow should consider the commissioning of a Digital story perspective as SWCHCP staff feedback on this element of user and carer experience and perceptions was warmly received when the DVD “Whose Care, Whose Lives” was shared with them.

11. One third of users answered all questions, one third partially answered questions and one third had family or carers answering questions demonstrating the range of communication & capacity issues that need to be considered. SWIA also noted the “gaps in outcome information for people who used criminal justice social work or mental health services” in Glasgow”.

12. Different service providers and staff within different services need to be better informed about the needs and wishes of service users especially as staffing turnover may be inevitable. Greater understanding and better record keeping and communication between agencies are vital. Partnership working and the sharing of an outcomes approach with support and care providers reflected in contracts and common practices needs to be fostered and promoted to jointly shape the outcomes approach.

13. Finally a greater understanding and appreciation of the role of tasks and the role of human contact (relationship building) needs to be developed and nurtured in future practices and service specifications.

7. Next steps

Findings from both Pilots will be reported and signed off at the SWCHCP UDSET Steering group Friday 3rd October.
A final report will then go to Senior Management Teams within SWCHCP and other local reporting arrangements. Wider dissemination will take place at Service User & Carer Involvement Group (SUCIG), Governance Board, Leadership team, and Disability & Rehabilitation Planning & Implementation Group (PIG).
A range of feedback sessions, web forums and workshops are already in place with the Joint Improvement Team.