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CRITICAL APPRAISAL OF THE PACESETTER PROGRAMME

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Executive Summary
June 2018

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The Pacesetter programme was a three year initiative funded by Welsh Government in which £4 million was available over three years to support innovations in primary care services. Funding was allocated to Health Boards in line with population share with oversight of the programme through the Directors of Primary Community and Mental Health Services group. Public Health Wales provided guidance in relation to the undertaking of local evaluations and facilitated the sharing of learning between Health Boards. In total 24 projects were supported with Health Boards having the responsibility to decide if a project should be funded after the three year period. Learning from the Pacesetter programme has influenced the development of the Framework for Whole System Transformation for Wales.

Critical Appraisal

The critical appraisal started in June 2017. Its purpose was to provide learning for future primary care transformation programmes in Wales through comparing the experiences of the Pacesetter programme with research evidence and international best practice. The programme was investigated at two levels. The first level relates to the undertaking of innovation projects within each Health Board. Innovation is defined as a 'multi-stage process whereby organisations transform ideas into new/improved products, service or processes'[i]. The second level was the programme's contribution to the large scale transformation of the primary care system in Wales. Large scale transformation is defined as 'coordinated, system wide change affecting multiple organisations and care providers, with the goal of significant improvements in the efficiency of health care delivery, the quality of patient care, and population-level patient outcomes.' [ii]

The appraisal had five stages which included qualitative interviews, documentary analysis, literature review, surveys and stakeholder workshops. Participants included one or more of the leads for each of the Pacesetter projects, Health Board representatives, and national stakeholders. Ten international

case examples of primary care programmes were interviewed. These were based in the UK, Europe, Canada and Australasia. Ethical approval for the study was provided by the Humanities & Social Sciences Ethical Review Committee at the University of Birmingham.

Q1) What were the strengths and weaknesses of the Pacesetter programme as a means to facilitate transformational change in Welsh Primary Care?

The Pacesetter programme has proved a valuable experience for those leading the individual projects and for their Health Boards. It has enabled the testing of innovations that were seen by their Health Board as having potential relevance and which also responded to the national priorities for Primary Care. There has been a degree of learning shared between Health Boards regarding the potential of the innovations and how best to implement them in Wales. Public Health Wales' facilitation role was core to this dissemination process. The impacts of the programme would have been greater if there had been more clarity regarding the expected outcomes and a better developed evaluation framework. Engaging other stakeholders in the oversight of the programme, and expecting patients and communities to have been central to the design of each project would have further improved impacts and learning. Drawing on the experiences of the Pacesetter Programme in developing the Framework has provided a means to translate the local lessons into a national vision.

Q2) What is the research evidence and international experience of transformation in primary care and what are the enablers that support such transformation?

Transformation of primary care requires a co-ordinated programme of activities that is sensitive to the local and national context. Implementing new models involves clinicians, managers and leaders developing new paradigms about their roles and relationships. This is best achieved through structured opportunities to reflect on their practice. Team based working is a helpful vehicle for introducing a new dynamic between professions but this again requires a willingness for doctors to collaborate with others as equals. The internal culture within a primary care service is a major influence on its willingness, readiness and ability to engage with a transformation programme. Services which are struggling to cope with existing demands and have not previously embraced new opportunities can be more challenging to transform. The policy environment can encourage or dissuade primary care services from engaging with reform. A financial incentive system that supports or at least does not penalise more collaborative and preventative approaches is vital. Engaging patients and communities from an early stages helps to ensure that the transformation responds to local needs and provides legitimacy for subsequent changes to established practice. Data is vital to maintain momentum and to help refine the implementation process.

Q3) What are the key contextual factors in Wales that need to be considered when undertaking transformation in primary care?

General practice continues to dominate primary care in Wales at a local and a national level. The support of associated networks and professional bodies is therefore an important enabler and challenging barrier if a vision is not endorsed. Clusters are important forums to connect with local clinicians but vary in their readiness to support innovations. Similarly some clinicians are confident in leading innovation but many find the project management and communication aspects challenging. The patient engagement infrastructure does not seem well developed with little expectation that people and communities can be involved from the outset. This applies at a national level as well as in most Health Boards. Evaluation capacity is underdeveloped within services and Health Boards. Primary care clinicians also lack knowledge of how to undertake evaluation to guide local innovations. Collaboration between Health Boards does take place but there also appears to be some tensions that can prevent transparency and sharing of good practice. The pressures experienced by most NHS services can restrict the opportunity and energy to implement transformation and new projects can deplete core professionals from existing services. A local crisis in primary care sustainability can though result in more radical innovation being accepted due to the necessity of change.

Q4) What approaches have been successfully deployed within Pacesetter projects to transform primary care in a Welsh context?

Six common enablers for successful transformation programmes were identified within the international case examples. These enablers were also demonstrated by Pacesetter projects:

External facilitation is made available to general practices to provide additional capacity and expertise in undertaking transformation;

Project management capacity was provided by Abertawe Bro Morgannwg in the second iteration of clinical outreach project. Time was freed up for the cluster lead to act as overall co-ordinator. Administrative support for data retrieval and analysis was funded through project underspend.

Clinical and non-clinical leaders for the programme are identified within the practices and if relevant in local primary care networks and are given the time, support and space to reflect on the transformation process;

Hywel Dda developed a range of local programmes to support primary care leaders and their teams. These reflect the local priority areas such as project management, evaluation, confident speaking, and business case development.

Learning and development in relation to new skills is available, and there is opportunity to learn from the implementation process through

structured reflection on emerging evidence;

The virtual ward in Cwm Taf involves professionals with acute care experience to undertake enhanced roles in primary care. Each individual professional has been allocated a general practice and an identified mentor GP/practice nurse. An orientation programme within primary care has also been created.

Stakeholder engagement with patients, communities and wider clinical networks is embedded throughout with sufficient investment in associated infrastructure, capacity and skills.

The Powys triage used several routes of communication to update patients. This included use of notice boards, information provided with repeat prescriptions, briefing of receptionists, and notices in local papers. Community health council representatives have acted as invaluable sounding boards.

Transitional funding to enable continuation of existing activities whilst new approaches are introduced and free up capacity for clinical and non-clinical leaders; and

The Pacesetter programme provided transitional funding for the development of the projects.

Robust evaluation to provide formative and summative insights against clear objectives and baselines.

A series of measures informed the implementation and improvement of the acute outreach project in Abertawe Bro Morgannwg. These reflected the process, the outcomes, and the balancing measures.

Q5) What does local and international learning suggest regarding priorities for future focus and transformation of primary care in Wales?

Implications for Pacesetter Stage 2

Greater clarity regarding the purpose, objectives and sustainability plans for the projects and the programme as a whole.

A more developed governance structure for the programme which engages relevant stakeholders, including patient and community representatives.

A criteria for future funding should be that potential projects must demonstrate how patients and communities will be involved in the design, delivery and review.

Sufficient time for the projects and Health Boards to develop their proposals to enable engagement, evaluation and business planning options to be fully considered.

Structured opportunities for learning within and between Health Boards to be established and maintained throughout the programme.

Opportunities for Pacesetter leads to develop peer networks to support them overcome challenges to innovation with

structured distillation of main learning to wider audience.

An evaluation framework that enables synthesis of learning and impact across projects and the programme as a whole.

Greater co-ordination between Health Boards to maximise the opportunities to provide learning on a national basis of key innovations connected with the Framework for Whole System Transformation.

Implications for future Primary Care Transformation

Local infrastructure to support innovation in primary care that ensures that those undertaking such changes are supported with project management and related tasks.

Development of evaluation capacity within Health Boards to ensure that people who need to assess the impact and mechanisms of change have the connected skills, access to data and analytical support.

Opportunity for networking across Health Boards for those involved in leading innovation to provide peer support and challenge.

Workforce plans to include the development of competences related to inter-professional working and teams, patient and community engagement, and leadership of change.

Availability of suitable infrastructure with Health Boards to embed engagement of patients and communities within transformation programmes.

Future programmes to consider how they will embed the core elements of primary care transformation.

[i] Baregheh, A., Rowley, J., & Sambrook, S. (2009). Towards a multidisciplinary definition of innovation. *Management decision*, *47*(8), 1323-1339. p1334

[ii] Best, A., Greenhalgh, T., Lewis, S., Saul, J. E., Carroll, S., & Bitz, J. (2012). Large-system transformation in health care: a realist review. The Milbank Quarterly, 90(3), 421-456. p422.

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