Monitoring and evaluation plan: overview

for implementation of

Primary Care Model for Wales

and

Accelerated Cluster Development

March 2022
Version 1a

Purpose of this document

The purpose of this document is to describe the Strategic Programme for Primary Care (SPPC) approach to **monitoring** (quality management) and **evaluation** (assessment) of **Primary Care Model for Wales** (PCMW) and **Accelerated Cluster Development** (ACD) implementation.

This document is intended to be suitable for a wide stakeholder audience and may be subject to revision or enhancement; a current version will be available online as part of the **ACD Toolkit**.

Background

The Primary Care Model for Wales (PCMW) was informed by the initial Pacesetter Programme that supported the development of primary care clusters. This “emerging” model was endorsed by the National Primary Care Board as the Transformational Model for Primary and Community Care in March 2018, described by a narrative derived from the original diagrammatic representation. The model was adopted in November 2018 by the Strategic Programme for Primary Care as the Primary Care Model for Wales. A language refresh was commissioned by Welsh Government, with the release of a revised narrative in April 2019.

In 2019 Public Health Wales, on behalf of Welsh Government, commissioned a consortium of Miller Research, the Institute of Public Care and Bruce Whitear Consulting to devise an approach to monitor and evaluate PCMW implementation, under the guidance of a steering group. The commission set four tasks corresponding to the following questions:

1. Have we got the right model, with the right aims?
2. Is there a clear and logical rationale behind each aim?
3. What reporting tools will support data collection?
4. How does it all fit together as monitoring and evaluation plan?

The original deadline for completion of the commission had been end December 2019; by agreement this was extended to the end of the 2019-20 financial year. In April 2020, however, engagement work was halted due to the COVID-19 pandemic and the commission was then formally suspended in June 2020. It was stood down permanently by mutual agreement in July 2021, reflecting ongoing pandemic pressures, the emergence of Accelerated Cluster Development (ACD) proposals by end April 2021, and related developments.

A logic model and draft implementation plan for ACD were developed during June 2021, clarifying intended programme outcomes and identifying an evaluation requirement. In September 2021, the Strategic Programme for Primary Care agreed to unify approaches to PCMW and ACD implementation monitoring and evaluation, including an initial focus on the role of peer review.

Definitions

Strategic Programme for Primary Care | SPPC

The Strategic Programme for Primary Care (SPPC) is an all-Wales health board-led programme that works in collaboration with Welsh Government and responds to *A Healthier Wales* to deliver the primary care component to place-based care. This remit is directed via six key work streams; the programme is also active in facilitating seamless working and primary care contract reform.

For more about the Strategic Programme, see the **SPPC pages** on Primary Care One.

Primary Care Model for Wales | PCMW

The Primary Care Model for Wales (PCMW) describes how care will be delivered locally, now and in the future, as part of a whole system approach to delivering *A Healthier Wales*. It is regarded as the primary care component of place-based care, necessitating a pivotal role for clusters. PCMW aims have been re-articulated as 13 transformational outcomes, against which clusters will need to evidence maturity using three sets of criteria (foundation; developing; mature). Attaining maturity (Level 3) should reflect integration within a whole-system approach (the model aspiration), whereas levels 1 and 2 reflect interim transformation of "health" services. The 13 PCMW outcomes (see also **Annex A**) are as follows:

1. An informed public
2. Empowered communities
3. Support for well-being, prevention and self-care
4. Local services
5. Seamless working
6. Safe and effective call handling, signposting and triage
7. Quality out-of-hours care
8. Directly accessed services
9. Integrated care for people with multiple care needs
10. Cluster estates and facilities support multi-professional working
11. Cluster IT systems enable cluster communications and data sharing
12. Ease of access to community diagnostics supporting high-quality care
13. Finance systems designed to drive whole-system transformative change

For more about the PCMW and its outcomes, see the **Cluster development framework**.

Accelerated Cluster Development | ACD

The aim of Accelerated Cluster Development (ACD) is to meet cluster population health need through effective and robust planning and service delivery. In keeping with *Programme for Government 2021 to 2026* (WG 2021), ACD aspires to accelerate the pace of PCMW implementation towards realising *A Healthier Wales*, doing so in part by separating cluster delivery functions from those of pan-cluster planning and commissioning functions. Pan-cluster planning groups (PCPGs) will collaboratively plan and commission place-based services, leaving clusters free to focus on delivering high-quality care. The seven ACD outcomes (see also **Annex A**) are as follows:

1. Enhanced integrated planning between clusters, health boards and local authorities
2. Wider range of services delivered across a cluster, meeting population priorities and need, closer to home
3. More effective leaders across the primary care system, collaboratives and clusters
4. Improved equity of cluster care service provision based upon local need
5. Improved multi-professional and multi-agency services delivered
6. Effective, efficient and long-term sustainable cluster workforce and services
7. Empowered clusters with increased autonomy, flexibility and vision.

For more about ACD and its outcomes, see the **Cluster development framework**.

Monitoring: attending to the detail

Monitoring broadly refers to setting targets and milestones to measure progress and achievement, and to check whether the inputs are producing the planned outputs i.e. it determines whether implementation is proving consistent with design intent. In the Welsh healthcare context, the **Quality and Safety Framework** (WG; 2021) describes a universal duty of "quality management" to ensure that care meets the six domains of quality (care that is safe, effective, patient-centred, timely, efficient and equitable). It describes a system that continuously connects quality assurance, planning and improvement activity. Periodic measuring and monitoring thus permits:

- **Assurance** of implementation progress, in keeping with expectations of scale and pace
- A mechanism to capture and share emerging **learning** at local level and on a regional or national basis, deriving maximal value from early and ongoing implementation experience
- Ensuring activities get the **resources** they need for successful delivery (it may identify additional support requirements/ reconfiguration required to address any planning gaps)
- Recording and management (ownership, mitigations, etc.) of **issues and risks**—whether anticipated or emerging, perhaps as unintended consequences of change
- Remedial **course correction**, or unscheduled termination of certain aspects in the face of insurmountable risks, actual harms, or resource constraints etc. that depreciate the business case.

Evaluation: judging the bigger picture

Evaluation is not just about demonstrating eventual success; it also provides insights into why things don't work (as learning from mistakes has equal value). Evaluation broadly refers to the structured process of assessing the success of a project or programme in meeting its aims and for reflecting on the lessons learned. One of the key differences between monitoring and evaluation is that evaluation places a *value judgement* on the information gathered (Research Councils UK; 2011), which includes the monitoring data. The assessment of success (i.e. evaluation) can be different depending upon whose value judgement is used. In the present context, evaluation permits:

- Assessment of whether PCWM/ ACD have **achieved** their intended goals/ impacts
- Understanding **how** PCWM/ ACD achieved their intended purpose, or why they may not have done so
- Identifying how **efficient** the PCMW and ACD programme were in converting resources into activities, outputs and outcomes
- Assessment of how **sustainable** and **meaningful** the PCMW/ ACD programme was for key stakeholders
- Informing decision makers about **next steps**.

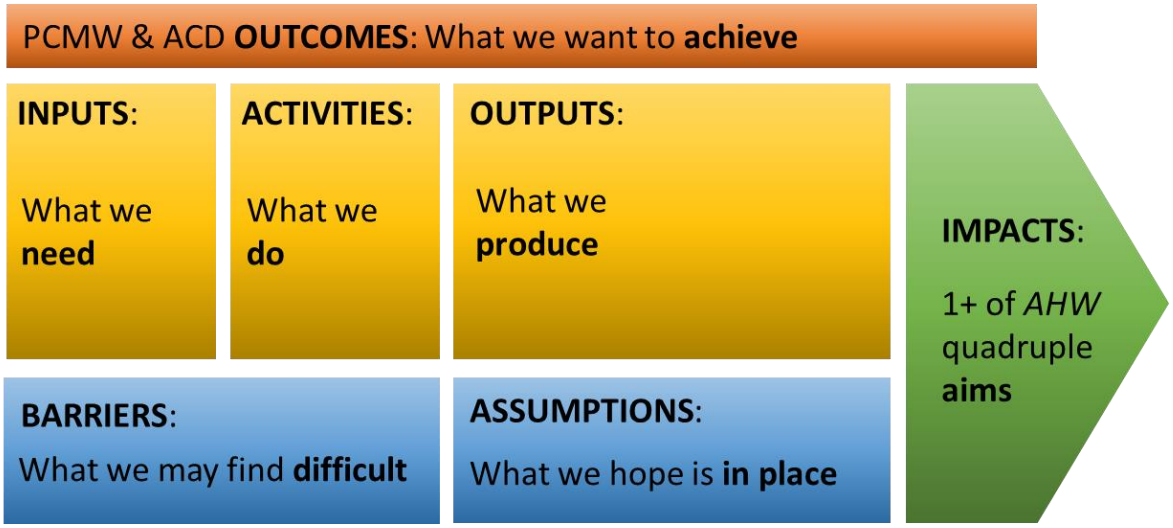
For more about monitoring and evaluation, see the **Cluster Planning Support Portal**.

Logic model development

This plan adopts an outcome-focussed approach. It is therefore appropriate to ask "Is the logic behind each outcome sound?" Logic offers a recipe for articulating how we will get from where we are now to where we want to be in the future. Logic models can thus help sense-check the elements that must come together to successfully plan, deliver and evaluate PCMW and ACD implementation by teasing out the following:

- *Inputs*: What we **need** to invest/ have in place to support our activities
- *Activities*: What we **do** with those inputs
- *Outputs*: What we **produce** as a result of our activities
- *Outcomes*: What our products will **achieve** for people or services
- *Impacts*: High-level, ultimate ambitions e.g. the quadruple **aims** of *A healthier Wales* that we are working towards as a health and social care system (Improved population health and well-being; Better quality and more accessible health and social care services; Higher value health and social care; A motivated and sustainable health and social care workforce)
- *Barriers*: What we may find **difficult** to influence or overcome (e.g. external factors)
- *Assumptions*: What we hope is already **in place** (supportive conditions, etc.)

These elements are depicted in the following diagram:



Logic models have been developed for each PCMW outcome and these are integral to description of the maturity levels contained within the *Cluster development framework*. They should be seen as a starting point for further testing and refining with wider system stakeholders, including local authorities and the third sector, as well as those in primary care (particularly Level 3, which aspires to describe a whole-system model).

A logic model has also been developed for the ACD programme as a whole.

Ultimately, incorporation of logic models ensures a line of sight between each outcome and the evidential requirements suggested as a means to demonstrate attainment.

For more about logic models in evaluation, see the **Cluster Planning Support Portal**.

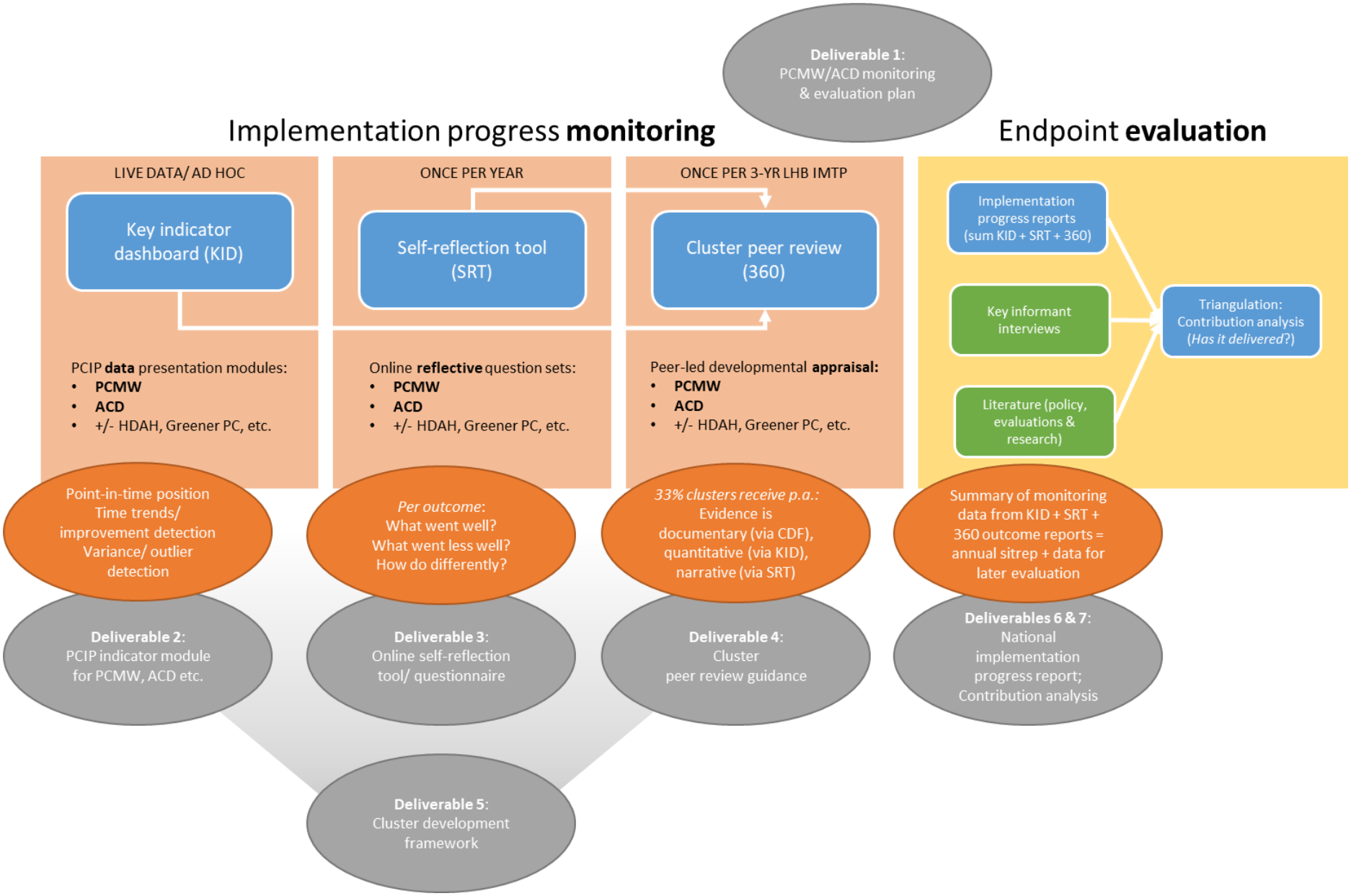
Overview of our approach to monitoring & evaluation

This plan describes seven deliverables in support of an approach to monitoring and evaluating the PCMW and ACD; the first of these is the plan itself (D1). Deliverables are indicated in grey in the diagram below, with a synopsis outlining how they contribute in orange.

Three deliverables primarily support progress monitoring and are thus positioned as complementary sources of data on delivery of PCMW and ACD outcomes. These are a key indicator dashboard (D2); a self-reflection tool (D3); and cluster peer review (D4). All three are underpinned by a fourth deliverable: a cluster development framework (D5).

Two further deliverables (D6 and D7) primarily relate to endpoint evaluation; see the following diagram and narrative overview.

The following graphic depicts the plan deliverables, their contribution and timing in relation to the overall monitoring and evaluation approach:



What is this about?

This plan describes an approach to reporting and supporting implementation of the PCMW and ACD programme.

Our approach enables clusters, health boards, regional partnership boards and other stakeholders to report on and support implementation of the PCMW and ACD. It should involve constructive reporting of progress to facilitate identification of common areas of difficultly and subsequent realignment of support resources at local, regional and national levels to address these challenges.

Why are we doing it?

This plan has three objectives.

1. Providing **assurance** of implementation progress that is in keeping with expectations around scale and pace
2. Providing a mechanism to capture **shared learning** on a regional and national basis, maximising the value of local implementation experience and ensuring we scale up success
3. Facilitating the **joining up** of local and regional planning, so that clusters and regional partnership boards are more cognizant of each other's goals and more able to support delivery via a seamless, whole-system approach.

Furthermore, throughout the COVID-19 pandemic, clusters played a critical role in responding to the national crisis and will similarly fulfil an important function going forward. It is essential that through the monitoring and evaluation process, clusters and other stakeholders capture the innovation that has been catalysed by the pandemic and build upon this to shape and support the implementation progress that is integral to recovery.

How will it work?

This plan outlines four key tools that will support achieving the aforementioned objectives.

1. A **framework** for defining quality standards (outcomes), maturity levels (recognising that outcome attainment is a journey), and evidential requirements for both PCMW and ACD implementation
2. A cluster **peer review** process
3. A guided **self-reflection** on cluster experiences
4. A dashboard containing **indicators** of progress towards attaining PCMW/ ACD outcomes.

These tools and other supporting deliverables are described in more detail elsewhere.

Who does it involve?

This plan identifies four key stakeholder participants/ audiences.

1. **Primary care clusters** (including pan-cluster planning groups), for whom the tools will provide insight into how well they are functioning and inform/ guide IMTP or annual plan development
2. **Local health boards**, for whom the tools will help raise the visibility of primary care, provide assurance of delivery against strategic commitments, and guide reorientation of resources to support sustainable primary and community care provision
3. **Regional partnership boards**, for whom the tools will provide insight they can use to drive integration and the development of seamless place-based models of health and social care
4. The Welsh Government and **Minister for Health and Social Services**, for whom the tools will provide assurance that primary care is developing at pace and scale, in line with the aims of *A Healthier Wales.*

It is acknowledged that there is potential for variation in perspective across different audiences' engagement with the tools.

When are the key timings?

This plan involves three key timings.

1. The key indicator dashboard will be **always** available, ideally via the Primary Care Information Portal, from which data can be extracted periodically to inform interim progress updates—including Joint Executive Team (JET) discussions about primary care
2. The self-reflection tool will be filled out online **annually** (or more frequently at the discretion of the cluster); this will occur prior to the submission deadline for cluster plans to allow for IMTPs to be usefully informed by the reflective process, and prior to participation in peer review
3. Clusters will participate in peer review once per **three-year** planning cycle.

In addition, national implementation progress reports will be compiled **annually**, taking account of in-year self-reflection tool submissions, cluster peer review outcome letters, and point-in-time indicator positions. The reports will summarise all-Wales trends and highlight shareable learning.

For a visual summary of the above overview, refer to **Annex B**.

Annexes

The following documents may support engagement over the approach to monitoring and evaluation:

Annex A: Primary Care Model for Wales + Accelerated Cluster Development digital leaflets

Annex B: Primary Care Model for Wales + Accelerated Cluster Development What Why How Who When

Acknowledgements

This plan is informed by the report *Evaluating the Primary Care Model for Wales: Interim technical report and monitoring and evaluation plan* (Nov 2020), authored by Kerry KilBride and Adam Greenwood for Miller Research (UK) Ltd.; Keith Moultrie and Nigel Sims for Institute of Public Care; and Bruce Whitear for Bruce Whitear Consulting. This plan was drafted by Dr Bruce McKenzie in the Primary Care Hub, Public Health Wales, at the request of the Strategic Programme for Primary Care.

Ends.