



## **Evaluation Policy Statement**

**July 2009**  
**The Year of Care programme**

-a partnership programme delivered in partnership by the Department of Health, Diabetes UK, NHS Diabetes and The Health Foundation-

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## 1. What is being measured

The Year of Care is a partnership initiative being delivered by the Department of Health, Diabetes UK, NHS Diabetes and The Health Foundation. It is firstly about making routine consultations between clinicians and people with long term conditions (LTCs) truly collaborative, through care planning; and then about ensuring that the local services people need to support this are identified and available, through commissioning.

The Year of Care approach is being tested in three pilot sites, chosen by a rigorous process of competitive tender:

- Calderdale PCT, Kirklees PCT and Calderdale & Huddersfield NHS Foundation Trust;
- NHS North of Tyne (a consortium comprising Newcastle PCT, North Tyneside PCT and Northumberland Care Trust); and
- Tower Hamlets PCT.

It is essentially a programme of complex change which requires the involvement and integration of most aspects of the health service: Commissioning, provision, public health, service development, IT, finance, community and service user involvement, continued professional development, local leadership. This complexity needs to be understood in order to judge both the feasibility of the Year of Care approach and its impact on people with long term conditions.

In order to evaluate the totality of this approach, the impact of and on the Year of Care's constituent parts must be evaluated. As well as evaluating how the Year of Care is being delivered by the programme team, an analysis of which is being undertaken by Dr Grace Sweeney of NHS Diabetes, the Year of Care has commissioned Tribal Group to undertake a comprehensive external evaluation of the following:

Table 1: What is being measured and how?

<b>What is being measured?</b>	<b>How is this being measured?</b>	<b>Referred to as?</b>	<b>What is this and how is this data collected?</b>
People with diabetes' perception of the quality of their consultation	Using the Consultation Quality Index-DM	CQI	This questionnaire is completed by people with diabetes at 0, 12 and 24 months
People with diabetes' experience of the service they have received (including their receipt, use and value of written care plans)	Using the Healthcare Commission omnibus	HCC	This questionnaire is completed by people with diabetes at 0, 12 and 24 months
Anything about a service, or experience of a service, which people with diabetes want to raise	Through Diabetes UK's 'Hot Topics' forum (see <a href="http://tinyurl.com/diabetesuk-hottopics">http://tinyurl.com/diabetesuk-hottopics</a> )	Hot Topics	People are encouraged to leave feedback online or via telephone whenever they wish

People with diabetes' satisfaction with services	Using the Diabetes Treatment Satisfaction Questionnaire	DTSQ	This questionnaire is completed by people with diabetes at 0, 12 and 24 months
The services that people with diabetes receive, from which estimates of the cost may be drawn	Using the Client Services Receipt Inventory	CSRI	A telephone interview with people with diabetes at 0, 12 and 24 months, conducted by the evaluation team
Staff perception of the support available in their service to enable people to self manage effectively	Using the Assessment of Primary Care Resources and Supports for Chronic Disease Self Management	PCRS	This questionnaire is completed by general practice staff at 0, 12 and 24 months
How the Year of Care is integrated into commissioning activities, and to what ends	Using the Commissioning Inventory	Commissioning Inventory	This template is completed from relevant commissioning documents and interviews with commissioning leads at 0, 12 and 24 months
People with diabetes' perception of their health status	Using the EuroQol Quality of Life measure <sup>1</sup>	EQ-5D	This questionnaire is completed by people with diabetes at 0, 12 and 24 months
People with diabetes' clinical measurements (e.g. BMI, HbA1c)	Using a biomedical indices template	Biomedical indices	Extracted from people with diabetes' notes and care plan record at 0, 12 and 24 months

<sup>1</sup> For further discussion of why the Year of Care believes that the EQ-5D measures people's perception of health status rather than quality of life, please see Speight et al. (2009), *Not all Roads Lead to Rome: A review of quality of life measurements in adults with diabetes. Diabetic Medicine: April 2009; 26(4), pp. 315-27.*

## 2. What will the Year of Care tell us?

All of the data collected through the tools listed in table 1 will be used to assess the overall impact of the Year of Care. At inception, the Year of Care aimed to answer five 'Big Questions'. Table 2 shows what the evaluation of the Year of Care will tell us, and how this will be evidenced.

Table 2: What questions will the Year of Care answer, and what data will be used to inform this?

<b>What questions will the Year of Care answer?</b>	<b>What will inform the answer to this question?</b>
How do you establish care planning in routine use, including training required?	Using data from the HCC, CQI and PCRS to assess how people with diabetes' experience of care planning relate to their perception of healthcare professional's consultation skills, and the preparedness of services to offer support for people to effectively self manage.  Case studies, Learning Events and regular site visits will also help to provide evidence.
How do you identify sections of the local diabetes population by potential need for services and support for self management?	Using biomedical and demographic data alongside the EQ-5D and CSRI measures to assess the relationship between different individuals and communities' selection of services.  Case studies and regular site visits will also help to provide evidence, and the Commissioning Inventory will demonstrate changes to commissioning processes or mechanisms which occur to meet these populations' needs.
How do you develop new and existing providers to support self management?	Using data from the PCRS and CSRI to assess the relationship between the preparedness of a service to effectively support self management and the services people with diabetes receive, and whether these services or the use of these services changes.  Regular site visits will also provide qualitative evidence, and the Commissioning Inventory will reflect changes to the way in which services are commissioned.
How do you systematically link individual choices or actual service use into population level commissioning?	Using the information about commissioning practices from the Commissioning Inventory and data from the CSRI, DTSQ and HCC to assess the way in which patient reported measures influence the nature and availability of local services.  Case studies will also provide qualitative evidence, and data will be provided via the development of IT templates which have been designed specifically to use clinical data to inform commissioning...
What does care cost, currently and with a Year of Care approach?	Comparing data from the CSRI over time will show any changes to the volume and nature of services being accessed.

### **3. What will the evaluation of the Year of Care tell us?**

The key objectives of the evaluation are to understand:

- How the Year of Care has been implemented, in terms of care planning approaches, tools, pilot structures and processes, staff and skills, resources.
- The key lessons and learning, including barriers, incentives and best practice guidelines.
- The impact of the Year of Care on patients, NHS staff, local organisations, service delivery, commissioning, and culture.
- How different components of the Year of Care ‘house’ model affect process indicators and patient outcomes.
- An economic analysis of the costs of delivery and potential savings from the Year of Care approach.

#### **4. What will the evaluation of the Year of Care NOT tell us?**

The Year of Care is a complex intervention, requiring the collaboration and engagement of a wide range of elements of the healthcare service, which focuses on changing the relationships between people with diabetes and healthcare professionals, and the relationships between both of these groups and the service.

The evaluation will not therefore attempt to provide a definite answer to questions such as, “Does the Year of Care work?” Conclusions will be drawn as to the ways in which the Year of Care has had an impact on individuals’ experience of care, healthcare professionals’ delivery of care, the service’s ability to support effective self management and so on; but all of this information will need to be interpreted holistically depending on the individual or organisational priorities and circumstances. This context and complexity will therefore need to be taken into account so that others may transfer the programme’s findings to their individual area(s).

## 5. Frequently asked questions

1. Why are you not undertaking a Randomised Controlled Trial (RCT) of the Year of Care?

RCTs are methodologically driven designs through which the variables are highly controlled. Once such controls are established, pre- and post-test data can be compared between groups to deduce the difference an intervention has made. Controlled subject selection and random allocation then allows statistical generalisations to be made from the study sample.

The Year of Care is not a discreet intervention in which the many components can be strictly controlled, and neither are the many environmental variables controllable or identifiable. It is therefore unsuited to testing through an RCT.

A complementary approach to knowledge development where RCTs are not appropriate is the use of theory driven evaluation designs. In contrast to a methodologically driven approach, which seeks ultimately to understand *whether* an intervention is more effective than no intervention (or an alternative) in aggregate terms, theory driven evaluations seek to understand *how* and *why* an intervention might work. This established approach (see, for example, Chen & Rossi, 1983; Finney & Moos, 1989; Yin, 1994; Gomm et al., 2000; and Pawson & Tilley, 1995; and related work on service delivery interventions in Brown & Lilford, 2008) relies on analytical or theoretical generalisation to develop knowledge and understanding.

Within the Year of Care evaluation, indicators from each element of the programme are being captured and analysed. For example, at any one point in time healthcare professionals' commitment to partnership working (as measured by the CQI) should be positively associated with people with diabetes' experience of and satisfaction with services (as measured by the HCC and DTSQ) and with a number of outcome indicators (as measured by EQ-5D and biomedical indices).

2. At the end of the Year of Care will you be in a position to make recommendations as to whether or not this approach should be rolled out throughout the country?

The Year of Care is a pilot initiative, based on the Chronic Care Model (Wagner, 1998), to improve care for people with long term conditions. Although there is evidence to suggest that the individual elements of the programme will contribute to improving care, to our knowledge this is the first intervention in which all of these components have been put together in a single programme.

Given the complex nature of the Year of Care, and subsequently its evaluation, the Year of Care will not be in a position to advocate that it is implemented more widely in order to achieve specific outcomes. There is no way of controlling every part of the programme, and therefore no way of saying for certain whether or not the learning from the pilot sites is directly transferable to other organisations, communities or areas.

However, the Year of Care and its partner organisations are committed to sharing the learning from this programme throughout the NHS. The programme's findings will be made available during and at the end of the pilot, from which organisations may make decisions as to how applicable implementation of the programme would be to the achievement of their aims and objectives, for improving care for those with LTCs. Detailed and rigorous reporting of the context at each of the three pilot sites will be essential in enabling the reader to make judgements about the transferability to their area.

3. Which single measure is going to be the determinant of the programme's success?

The Year of Care is a complex intervention and it is anticipated that it will have an impact on a wide range of areas. The evaluation will not determine whether or not the programme is a 'success'; rather, it will answer a series of questions posed at inception (see table 2). Individuals, communities or organisations may choose to draw independent conclusions as to whether or not they feel that the Year of Care approach provides solutions to current issues, objectives and goals they wish to achieve.

However, one intention of the programme is to test the importance of links between the various components of care and their mutual interdependency. Thus adoption of care planning, and identification of individual goals, may be of little value to the individual if the support for them to achieve their goals is not available. Similarly, the benefits of various community support programmes may be reduced if they are not clearly based on what local people need and they are not known about locally by other support services including routine NHS care.

4. What does 'success' look like in the Year of Care?

Evaluations of service delivery interventions often require a description to be made as to 'what good looks like', to illustrate the vision for the future once the intervention has been successfully implemented.

The Year of Care covers a broad range of elements of the healthcare service, and differs from site to site depending on the local environment, priorities and challenges. It is therefore extremely difficult to describe in practical terms what the ideal state of service delivery would be following the implementation of a Year of Care approach.

Thus in the Year of Care, 'good' is simply when people with diabetes and healthcare professionals are working in genuine partnership to agree the ongoing care needed for the following year, including support for effective self management, and for which the services that are required to do this are available in the most convenient way.

5. How does this work use Patient Reported Outcome Measures (PROMs)?

The Department of Health defines PROMs as, "Measures of a patient's health status or health-related quality of life" and, "self-completed questionnaires administered to

patients to assess their self-reported health status before and after certain elective healthcare intervention” (Department of Health, 2008).

The Year of Care is using the CQI, HCC and DTSQ and EQ-5D to inform its evaluation, all of which fall within the above definition. In addition, the Year of Care will use its findings to feed into relevant policy fora and inform any central development with regards the use of PROMs.

6. How will you know if the Year of Care empowers people with diabetes to manage their health and healthcare?

The HCC and CQI returns will provide data from which this may be assessed. In addition, it is anticipated that people will leave qualitative feedback via Hot Topics. Focus groups and case studies are being held at the three Year of Care pilot sites. Patients, healthcare professionals including nurses and GPs, commissioners and members of the Year of Care project team will all participate in the qualitative evaluation. A series of questions will explore their experiences, perceptions and views. Key issues on culture, care planning, organisation and information technology will be examined and the rich data that emerge will be used to triangulate the data obtained from the quantitative measures. The evaluation team will use this wealth of data to provide the answers to the big questions discussed in table 2.

7. How will the evaluation inform policy and NHS practice?

The Department of Health is one of the partner organisations involved in the Year of Care and strong links have been established with a range of policy development teams within the Department of Health.

The Year of Care and its partner organisations are committed to sharing learning throughout the NHS and will continue to do this. To date, the Year of Care has promoted its findings through national conferences, including Diabetes UK’s Annual Professional Conference and the annual Managing Long Term Conditions conference, relevant publications including the HSJ, and via established networks such as the NHS Alliance and the NHS Confederation.

8. How are you assessing the impact the Year of Care has on health inequalities?

We are working with the National Support Team Health Inequalities (NSTHI) to ensure that the Year of Care adopts and promotes best practice methodology with regard to reducing health inequalities. The three pilot sites were selected based on their geographical location and demographics of their populations as well as their ability to implement the Year of Care, which will enable comparisons to be made.

## References

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