

# Assessment of potential for spread or scale of improvement projects featured in the 'Finding a Way Forward' report

## What were we asked to look at?

The Service Reform Division of the Scottish Government asked the Scottish Health Technologies Group (SHTG) to conduct a high level assessment of the potential for spread or scale of 31 improvement projects from across Health and Social Care in Scotland. The projects were identified from 226 posters presented at the 2018 NHS Scotland Event. After meeting with the project teams, the Service Reform Division summarised the 31 projects in the *'Finding a Way Forward'* report.

## Why is this important?

Whilst not all local projects are suitable or appropriate for wider spread across NHS Boards or Health and Social Care Partnerships, services in Scotland may be missing opportunities for shared learning to improve health and care more widely. Assessing improvement and innovation projects for their potential for spread or scale is important to identify those projects that can have a positive impact at national level.

## What was our approach?

The CORRECT framework was used to assess the potential for spread or scale of the projects in the *Finding a Way Forward* report supplied by the Service Reform Division - featuring summaries of posters from the 2018 NHS Scotland Event. Using the framework, projects were grouped into 'strong', 'medium' and 'weak' categories to illustrate their potential for scale or spread.

## What next?

The key messages based on assessment using the CORRECT framework were included in the Service Reform Division's *Finding a Way Forward* report<sup>1</sup>.

Based on the learning from SHTG's report, the guidance for poster submissions for the NHS Scotland Event has been updated to ensure adequate information is included to allow assessment of potential for spread or scale from the poster information.

## Key findings

- The CORRECT framework identified seventeen improvement projects as strong candidates in terms of potential for spread or scale.
- Five of the projects in the 'strong' category have already been spread or scaled indicating the validity of using the CORRECT framework in this context.
- Learning from SHTG's report will be used to inform the Service Reform team's discussions with policy leads and health and care stakeholders.
- The CORRECT framework comprises seven project variables deemed essential for spread or scale of a health innovation. One point is awarded for each variable where there was enough relevant information to satisfy the criteria. Projects were grouped as 'strong', 'medium', and 'weak' based on the following range of scores: 6-7, 4-5, and 0-3 respectively.
- Points were often lost due to a lack of detail, clarity, or structure in the project summary.
- Potential for spread or scale is not a full endorsement of the 'value' or service impact of the project to health and care in Scotland. Health technology assessments are required to help ascertain the relative clinical, cost, and service impact of the projects before making a decision to spread or scale. Following this, the most appropriate methods to support implementation should be considered.

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# Introduction and background

The Scottish Health Technologies Group (SHTG) was asked by the Service Reform Division of the Scottish Government to give a high level assessment of projects contained within the 'Finding a Way Forward' report. SHTG was asked to assess these projects in terms of potential for spread or scale across health and care settings.

*Note: SHTG was not asked to assess the clinical significance or service impact of the projects, and clinical and cost implications have not been taken into account. Each project being considered for spread or scale should have the clinical, costs and service implications assessed as part of a review of overall 'value' before any final decision is made around suitability for spread or scale.*

The *Finding a Way Forward* report summarises a review of the 226 posters presented at the 2018 NHS Scotland Event for innovative practice with potential for spread or scale. Site visits, with leads of selected projects, were conducted by the Service Reform Division to gain more information.

The *Finding a Way Forward* report described 31 projects to be considered for potential for spread or scale, including three identified from word of mouth when visiting project teams. The report included a summary of each project.

## Methods

Projects were assessed for potential for spread or scale using the CORRECT framework<sup>2</sup> as recommended by the 'Practical guidance for scaling up health service innovations' report by the World Health Organisation<sup>3</sup>. The framework has been validated for assessment of innovative health interventions for potential for scale and spread<sup>4</sup>.

CORRECT comprises seven project variables (or 'features') which have been deemed essential for the successful spread or scale of a health intervention. The project variable 'compatible' was amended to apply specifically to health and social care in Scotland.

CORRECT project variables:

- **Credible**, is it based on sound evidence or advocated by respected persons or institutions.
- **Observable**, to ensure that potential users can see the results in practice.
- **Relevant** for addressing pertinent and important problems.

- **Relative advantage** over existing practices so that potential costs of implementation are counteracted by the benefits.
- **Easy to implement** and understand, rather than complex and complicated.
- **Compatible** with the values, norms, facilities and strategies of Health and Social Care in Scotland.
- **Testable** without committing to complete adoption when full results are not yet demonstrated.

Using the CORRECT framework, projects were given a score out of seven. A point was awarded for each project variable where there was enough relevant information to satisfy the criteria. Projects were then grouped into 'strong', 'medium' and 'weak' categories using the following arbitrary ranges: 6-7, 4-5, and 0-3 respectively. Assessment was based on both the summaries from the report and the online posters.

The magnitude of clinical results or service impact from summaries and posters was not evaluated. The clinical impact cannot be inferred from the CORRECT score. Similarly the cost implications of each project were not evaluated. The outcome of the CORRECT assessment applies purely to potential for spread or scale.

The assessment was carried in two phases. After initial assessment, for some projects there was noted to be a lack of detail from which to carry out a fair assessment. This feedback was supplied to the Service Reform Division. Based on the feedback, some of the summaries were redrafted before being reassessed and new scores awarded.

## Results

### Initial assessment

All 31 projects in the *Finding a Way Forward* report were considered but only 28 were assessed using the CORRECT framework (score range 2-7). Three projects were not initially assessed as there was not enough detail in the report or poster to ascertain what the intervention was, or how it was implemented. Of the 28 assessed, there were times when the data in the summary did not match that of the poster. In these cases it was assumed that the data in the summary were correct as these were written by the Service Reform Division after the site visit with the project lead.

An overall summary of the potential for spread or scale is presented in this paper, and a breakdown of analysis and comments on each individual project is available from SHTG on request.

## Strong projects (scores 6-7)

Seventeen of the projects were found to be strong in potential for spread or scale, with two scoring full marks (Table 1). In this category, the variable that was consistently marked down was 'easy to implement'. A lack of ease to implement was always due to the need to recruit more, often highly specialised, staff. The two projects which scored full marks did not require any additional staff resource.

*Table 1 Projects which were strong in potential for spread or scale as assessed by the CORRECT framework*

Project title
MoVE – A family centred approach to early mobilisation in the PICU
The introduction of a pause, hands-off handover to enhance quality and safety of care within an ICU setting
Cauda Equina Syndrome: reduced Orthopaedic admissions and improved compliance with 4 hour target to treat
Developing an Implantable Loop Recorder Service: Improving Patient Access,
Telehealth on Diet and Diabetes (TODD)
Child poverty: optimising uptake of money advice and income among families with children 0-5 years
Improving Document Management in Primary Care
Non-medical prescribing of systematic anti-cancer therapy – developing a West of Scotland Cancer Network
A LOT to offer: Developing a model of occupational therapy within Lanarkshire GP practices
Supporting integrated care within primary care: embedding behavioural health in the core team
Clinical pharmacist prescribing input into the care of people experiencing homelessness
Advanced nurse practitioners (ANPs) in care homes
Structured education at diagnosis in Type 1 Diabetes transforms self-management, confidence and outcomes (Scottish Type 1 Educational Programme, STEP)
TSH3030 Make your ideas matter
Creating a Wellness Service for Children and Young People in Ayrshire and Arran. Cluster Modelling in Schools and Communities
Accessible depression and anxiety psychological therapies for long-term conditions (ADAPT for LTCs)
NHS Tayside Survive and Thrive service: moving forward from interpersonal trauma^

## Medium projects (scores 4-5)

Eleven projects had a score that was medium in strength for potential for spread or scale when assessed using the CORRECT framework (Table 2). Common weaknesses were in credibility, relative advantage and relevance. These weaknesses were often due to a lack of clarity or detail, especially on current practice, from the project summary in the report or the poster.

*Table 2 Projects which were medium in strength in potential for spread or scale as assessed by the CORRECT framework*

Project title
Have you “Asked for Help”? Providing Person-Centred Care Within an Imaging Department
The streaming tool in acute medical admissions; how a streaming tool can redesign service quality in your MAU
Driving depth and building success; improving implementation of local guidance (Step 5) of the Malnutrition Universal Screening Tool in two nursing homes within Greater Glasgow and Clyde NHS
Multi-morbidity Rehabilitation: The Sustainable Way Forward (Healthy and Active Rehabilitation Programme, HARP)
One-page admission document
An innovative way to reliably reduce harm, waste and variation in elective surgery; the UK’s first ever prescribing-pharmacist led Theatre Admission Suite (TAS)
You can’t pour from an empty cup: Thrive – a winter wellbeing programme for senior charge nurses
Signpost to Safety
Emergency and Minor Injury Departments Mental Health Triage and Risk Assessment Tool (MHTRAT)
The effects of peer led, chronic pain education in primary care on attitudes to self-management: an NHS and third sector partnership
Baby steps – small steps to a healthy pregnancy

## Weak projects (scores 0-3)

A proportion of the projects were initially assessed as weak in terms of the CORRECT framework. The Service Reform Division provided further information which was then re-assessed as either medium or strong.

## Discussion

This high-level analysis found 17 projects within the *Finding a Way Forward* report which were strong in terms of their potential for spread or scale and 11 of which were medium strength. All analyses were based solely on the summaries within the *Finding a Way Forward* report and the posters and may not truly reflect the projects’ potential impact.

Scores were often lower due to a lack of clarity and it was not always possible to fully assess important aspects of the project. It may be that if more data and information were available, then the potential of the lower scoring projects may be more apparent. An applied format, or headings, for each summary in the report would have aided better understanding of the background, aim, methods, outcomes measured, results and impact of each project.

Seven of the projects had already been scaled or spread in some form of another, five of which were in the ‘strong’ category. In addition there was no association between the

poster display category and score. These two facts support the validity of assessment with the CORRECT framework in the context of assessing projects from the NHS Scotland Event.

Following the redrafted summaries, seventeen projects were deemed strong in potential for spread or scale. While this is a positive endorsement, it does not capture projects' clinical or service impact. Clinical or service impact, along with cost considerations, should also be considered as part of the decision to adopt or spread a project.

## Conclusion and proposed next steps

The key messages following assessment using the CORRECT findings were included in the Finding a Way Forward report<sup>1</sup> and will be used to inform the Service Reform team's discussions with policy leads and health and care stakeholders.

Following a recommendation from SHTG, the NHS poster event has changed its recommended structure, required information for posters. This inclusion of all detail relevant to the CORRECT framework will enable a full assessment of potential for spread or scale without the need for site visits.

Each project being considered for spread or scale should have the clinical, costs and service implications assessed as part of a review of overall 'value'. These assessments could be undertaken by Healthcare Improvement Scotland (HIS) Evidence. The combined picture of 'value', and potential for spread or scale would provide the opportunity to make an informed decision about suitability for spread.

Where a project is identified as a priority for national spread then the next step is to consider the most suitable spread method. This will be informed by a range of factors including consideration of available resources. Expertise on this is offered by the ihub within Healthcare Improvement Scotland who can advise on implementation considerations.



# References

1. Service Reform Division SG. Finding a Way Forward, NHS Scotland Event 2018: An Evaluation of Poster Projects 2020 [cited 2020 Feb 21]; Available from: <https://learn.nes.nhs.scot/27348/scottish-government-health-and-social-care-resources/scottish-access-collaborative-making-connections-for-staff-and-patients/finding-a-way-forward/finding-a-way-forward-nhs-scotland-event-2018-an-evaluation-of-poster-projects>.
2. Glaser EM. Knowledge transfer and institutional change. *Professional Psychology*. 1973;4(4):434-44.
3. ExpandNet. Practical guidance for scaling up health service innovations. World Health Organization, 2009.
4. Glaser EM, Abelson HH, Garrison KN. Putting knowledge to use. San Francisco: Jossey-Bass Publishers; 1983.

## Equality and diversity

Healthcare Improvement Scotland is committed to equality and diversity in respect of the nine equality groups defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion, sex, and sexual orientation.

## Acknowledgements

### Healthcare Improvement Scotland development team

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