

# West Midlands Review Programme Evaluation Report 2013-14

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## INTRODUCTION

- 1 This evaluation report covers review visits and other work undertaken by the West Midlands Quality Review Service (WMQRS) between April 2013 and March 2014. This report covers West Midlands work only and does not include evaluation of the following:-
  - a. National Adult and Paediatric Haemoglobin Disorders Programme
  - b. Isle of Man, Review of Health Services Programme
  - c. Visits which were part of 2013/14 programme but not undertaken by the end of March 2014
- 2 Four types of evaluations are included in this report, after which conclusions and recommendations are drawn. The four types of evaluation are:
  - a. Feedback from health economy staff (providers and commissioners) immediately after each review visit.
  - b. Feedback from reviewers
  - c. Feedback from those who attended reviewer training sessions
  - d. 'Topic evaluations' on completion of an agreed piece of work

## EVALUATIONS

### Evaluations of Review Visits by Health Economies

- 3 A feedback questionnaire was circulated to health economy leads for further distribution to teams involved shortly after each review visit. The evaluation form was divided into 'pre-visit' and 'visit' sections. Fifteen forms were returned from 13 peer review visits. It is not possible to calculate a response rate as the number of teams to which forms were distributed is not known.

#### Pre-Visit Preparation

- 4 Staff were asked to rate the pre-visit preparation and give any comments about it. Table 1 gives the staff ratings for the visits undertaken in 2013/14.

**Table 1 Responses on Pre-Visit Preparation**

(Visit Evaluations for 2012/13 are shown in brackets)

	Very helpful %	Helpful %	Not helpful %	N=100%
Pre-Visit Preparation	59 (69)	41 (31)	0 (0)	15
Visiting Team	53 (63)	71 (37)	7 (0)	15

- 5 Pre-visit preparation was mostly considered very helpful or helpful. Three respondents commented that they would have liked more information about '*what to bring along*' or whether we '*should email all participants with a list of items for discussion*'. The latter comment was also identified in the evaluations of the Isle of Man visits. It suggests that the messages from the lead contact briefings and the review process paper may not reaching individual clinical teams. Consideration could be given to offering briefing sessions for clinical teams when they start preparing. Two comments were made about the workload '*...and perhaps too much bureaucracy preparing the pack of evidence*'. Another comment identified some benefits from this work: about '*the organisation of the review was more collaborative than expected. This was really good in that it enabled us to have influence, but it did create a workload for the service that I hadn't expected.*' This is less than previous years and may be because the formative visits did not require much evidence preparation.

## Visit Organisation

- 6 Six of the 17 visits undertaken in 2013/14 were formative reviews and included an interactive feedback session with reviewers at the end of the visit. Ten of the 21 comments about ‘what went well’ were about the value of being able to discuss findings with peers: *‘It was really useful to have the opportunity to meet with visiting team members jointly with colleagues.’ ‘The feedback meeting was really useful in teasing out some of the overarching themes. It gave an early indication of the issues we will need to pick up across the health and social care economy’.*
- 7 Three further comments were specific about the professionalism of the visiting teams, *‘Very friendly and professional’, ‘I felt they were generally interested in the comments made... Very worthwhile time spent’.*

## Reviewer Evaluations

- 8 Reviewers were also asked to evaluate the experience of the visit. Responses were received from 57 of 145 reviewers who were sent an evaluation form (33%) and Table 2 summarises their views. Reviewers’ comments were generally that visits were well organised, the team dynamics were good and the visit went well (52 comments). Some comments related to the underlying principles of WMQRS, for example: *‘The discussion held ... at the end was very helpful. As this was my first review, it gave me a very good insight into what kind of evidence the team were looking to put forward. It also gave me some confidence. Leading me to believe I was picking up on the right themes’. ‘I liked the range of people we interviewed - from front line staff to commissioners. Having insight to the whole system of care was a privilege I’ve not previously had.’ ‘The clarity that objectivity can bring to a situation. All NHS services could benefit from external review’.*

**Table 2 Reviewer Evaluations**

	Very helpful (%)	Helpful (%)	Not helpful (%)	No response	N=100%
The information sent to me before the visit was	59 (69)	41 (31)	0	3	54
Overall, I found the organisation of the visit	67 (66)	31(33)	2 (1)	2	55

- 9 Four reviewers commented that the pre-visit information arrived late. The WMQRS team has noticed this year that information has often not been received by the agreed date, resulting in emails to the visiting team to explain the delay. Five reviewers commented on time pressures during the review visit and difficulties in keeping to time. Three commented on not having information at the beginning of the day and difficulty in accessing electronic evidence. Some of the evaluation comments were specific to certain visits, for example, travel and changes to the timetable and agenda when the reviewers arrived. Comments about the recording form ranged from *‘useful to find the right bits of evidence’* to *‘I found it easier to write my own notes and I struggled to populate the form during the discussions.’*

## Training Evaluations

- 10 WMQRS ran five reviewer training sessions between September 2013 and March 2014. Evaluations were sent electronically the day after the session, as recommended by the 2012/13 evaluation report. Table 3 summarises the responses received.

**Table 3 Training Evaluations**

Understood	% (N=53)				
	Fully	Very well	Fairly well	Not very well	Not at all
Quality Standards	37 (14)	44(40)	17 (41)	2 (2)	0(0)
Visit Organisation	66 (26)	28 (56)	6 (16)	0 (1)	0(0)
Team Roles	64 (25)	28 (53)	8 (20)	0 (0)	0(0)
What to do	51 (19)	34 (45)	13 (34)	2 (1)	0(0)
Practised skills	38 (16)	40 (35)	21 (47)	0 (2)	0(0)
		<b>V. good</b>	<b>Good</b>	<b>Adequate</b>	<b>Poor</b>
Sessions		54 (38)	43 (50)	3 (10)	0 (1)
Administration and Venue		47 (59)	42 (36)	9 (4)	2 (1)

- 11 The training sessions were slightly different to those in previous years. The more varied work programme meant that a smaller number of reviewers were required for a wider range of services. The training sessions were therefore held monthly and usually used a common set of evidence and training materials. More reviewers were trained using the Vulnerable Adults Standards as these were applicable to all but paediatric reviewers. Specific training materials were available for those undertaking Critically Ill and Injured Child and Child and Adolescent Mental Health reviews. Thankfully, this change does not appear to have adversely affected the evaluations. One comment was made about the value of reviewing Quality Standards, two people commented on the quality of the evidence and one suggested that reviewers be sent the Quality Standards in advance of training.
- 12 The evaluations were less positive about the venues and administration. Access to appropriate rooms was an issue when training was based at Sandwell Hospital. All training sessions held in the Nurse's Training Room evaluated very badly in terms of venue and comfort. Later training sessions have been held in the Birmingham Medical Institute or the Anne Gibson rooms at City Hospital and have evaluated better.
- 13 Overall the monthly training sessions have worked well and allow prospective reviewers a range of dates to choose from. They also allow WMQRS to recruit and train reviewers more frequently.
- 14 Interestingly, 'good' or 'very good' evaluations of the 'practising meetings session' had improved from 81% to 96%. This session has previously evaluated poorly as it asks attendees to practice their questioning techniques. The format of the session has been changed and the reason for the session has been stressed, including the importance of communication, questioning techniques and meeting etiquette.

## Topic Evaluations

- 15 In 2013/14 WMQRS worked on 28 topics including review visits, formative visits, pathways and Quality Standards development. Several health economies were involved in some topics and about 60 evaluations should have been sent to at least two organisations. Six topic evaluations were not sent out by WMQRS. One reason for this is that each evaluation had to be tailored because of the varied nature of the work and the responsibilities in the team for sending evaluations were not clearly defined. Given the very low response rate, quantitative analysis of these evaluations has not been undertaken.
- 16 Most of the negative comments received were for one visit where the provider concerned was unhappy with the report. Anecdotal comments from others about the same report have, however, been more positive. One positive response was for a formative visit where specific questions were defined for the reviewers.
- 17 In previous years, the Evaluation Report has been written independently of WMQRS. This has not been commissioned this year because of the very low response rate. Independent evaluations may be needed again in the future, especially towards the end of the three year funding cycle.

## CONCLUSIONS AND ACTION PLAN

### Conclusions

- 18 The results of the evaluations highlight some ways in which the WMQRS programme can be improved, in particular:

#### Review Visits

1. Provision of additional pre-visit support by WMQRS, especially advice on 'reducing the burden of evidence preparation', by:
  - a. offering to meet clinical teams preparing for review
  - b. providing more easily accessible support materials (for example, videos)
2. Consider the introduction of interactive feedback sessions for all visits. This may not always be possible on the day of the review but could form part of the post-visit process.
3. Continue with electronic evaluations but ensure these identify the visit to which they relate and the respondent's organisation so that response rates can be calculated.

#### Training Sessions

4. Improve training materials, including the use of video clips during training sessions.
5. Include 'reviewing is not for everyone' in reviewer recruitment and training materials, stating that a two-way discussion about reviewers' suitability may be needed after training or after the first visit.
6. Introduce arrangements for reviewer feedback, if required, at training and first visit.
7. Return to 'on the day' paper-based evaluation forms in order to improve response rates.
8. Use of video clips on the website to promote recruitment of reviewers.

#### Topic Evaluations

9. Move to telephone conference 'topic' evaluations rather than evaluation forms in order to increase response rates. It may be possible to combine this with arrangements for agreement of the following year's WMQRS work programme.
10. Clarify responsibilities for topic evaluations within the WMQRS team so that all topics are evaluated.
11. Consider the need for an Independent Evaluation early in 2016/17.

### Action Plan

No.	Action	By Whom	By When	Audit / report arrangements
1a	Provide additional pre-visit support by WMQRS, especially advice on 'reducing the burden of evidence preparation', by offering to meet clinical teams preparing for review.	Lead for each programme	Ongoing	Visit process audits
1b	Provide more easily accessible support materials (for example, videos).	Training lead	March 2015	March Board report
2	Pilot the introduction of interactive feedback sessions for all visits.	Lead for each programme	Review March 2015	Visit process audits

No.	Action	By Whom	By When	Audit / report arrangements
3	Ensure electronic visit evaluations identify the visit to which they relate and the respondent's organisation so that response rates can be calculated.	Admin team	December 2015	March Board report
4	Improve training materials, including the use of video clips during training sessions.	Training lead	March 2015	March Board report
5	Include 'reviewing is not for everyone' in reviewer recruitment and training materials, stating that a two-way discussion about reviewers' suitability may be needed after training or after the first visit.	Training lead	January 2015	March Board report
6	Introduce arrangements for reviewer feedback, if required, at training and first visit.	Training lead Visit leads	Ongoing	Reviewer audits
7	Return to 'on the day' paper-based training evaluation forms.	Training lead	December 2015	March Board report
8	Use video clips on the website to promote recruitment of reviewers.	Training lead	March 2015	March Board report
9	Move to telephone conference 'topic' evaluations rather than evaluation forms in order to increase response rates.	Business Manager	Ongoing	Visit process audits
10	Clarify responsibilities for topic evaluations within the WMQRS team so that all topics are evaluated.	Business Manager	Completed	Topic audits
11	Consider the need for an independent Evaluation early in 2016/17.	Director	June 2015	June Board report