

North of Scotland Public Health Network

Implementation of the National Delivery Plan for Specialist Children's Services in the North of Scotland:

Developing a Needs Based Approach to Evaluation

Project Summary

Context

- NDP Specialist Children's Services
- North of Scotland Planning Group (NoSPG)
- North of Scotland Public Health Network (NoSPHN)
- National Public Health Network (ScotPHN)

Stage 1

CONTEXT: A strategic, needs based, approach to planning with evidence of added value and the health impact of investment

1. Need to clarify your plans by demonstrating understanding of:
 - the need and extent of the need (problem) including baseline data (so impacts pre and post investment can be measured)
 - evidence base for the services / interventions proposed
 - the political and policy contexts
 - the current and past efforts to address the need or problem and lessons learned from these efforts
2. Matching to regional criteria (priorities)
3. Demonstrate how you will know if you have achieved your desired outcomes (developing indicators to measure outcomes) in short (12 and 30 months?) and longer term.

Logic model methodology

- Needs assessment / evidence
- Resource inputs
- Activities
- Outputs
- Outcomes / impacts

Delivering the evaluation

- Service staff are responsible for measuring and demonstrating outcomes
- What support will be required?
 - NoSPHN staff (capacity? / advisory role)
 - Commission out (buy some help in)
 - Build capacity within services to deliver
 - Working across the other regions / nationally?
- Develop the model so it is transferable across other regional service developments (ideally)?
- Agreement on method asap and in place by end of year.

Stage 2:

Evaluation applied to regional projects

- Child and Adolescent Neurology Network
- Paediatric Gastroenterology
- Network to support delivery of General Surgery in Childhood

ISD National Quality Indicators Group

Examples of Populated Models

- ‘Working backwards to move forwards’
- Building the logic chain through an outcome-based approach
- Practical example being developed: the neurology network

North of Scotland Public Health Network – North of Scotland Child & Adolescent Neurology Network (NeSCAAN)

Working Backwards to Move Forwards

Is a Regional Approach Appropriate to Delivering your Clinical Service?
(Based on NoSPG Regional Planning Criteria)

Yes

No

Step 1 – Moving from Identifying Needs and the Evidence-Base to Identifying Outcomes



Identify, Agree and Specify Below (Examples of)

- Clinical Outcomes**
- Rate of misdiagnosis
 - Type of neurological assessment undertaken.
 - Number of children commenced on anti-epileptic drugs
- Non-Clinical Outcomes**
- MCN accreditation
 - Children and carer satisfaction with service

- Clinical Outputs**
- Peripheral specialist clinics e.g. neuromuscular
 - 2^o epilepsy and 3^o neurology clinics
- Non-Clinical Outputs**
- MCN Steering Group
 - Programme of education and training (CPD)

- Clinical Activities**
- Develop specialist nurse clinic
 - Develop peripheral and specialist clinics
- Non-Clinical Activities**
- Establish MCN Steering Group
 - Develop programme of CPD events

- Clinical Inputs**
- Provision of ketogenic diets
 - Radiography equipment
 - Medication
- Non-Clinical Resources/Inputs**
- Specialist medical, nursing, AHP staff
 - Network Manager

- Clinical Needs**
- Specialist care and assessment
- Non-Clinical Needs**
- Co-ordinated care plans
- Evidence-Base**
- SIGN guidance
 - NICE guidance

Outcomes/Impacts

Clinical Outcomes

- Rate of misdiagnosis
- Type of neurological assessment undertaken
- Number of children commenced on anti-epileptic drugs

Non-Clinical Outcomes

- MCN accreditation
- Children and carer satisfaction with service

Outputs

Clinical Outputs

- Peripheral specialist clinics
e.g. neuromuscular
- 2^o epilepsy and 3^o neurology clinics

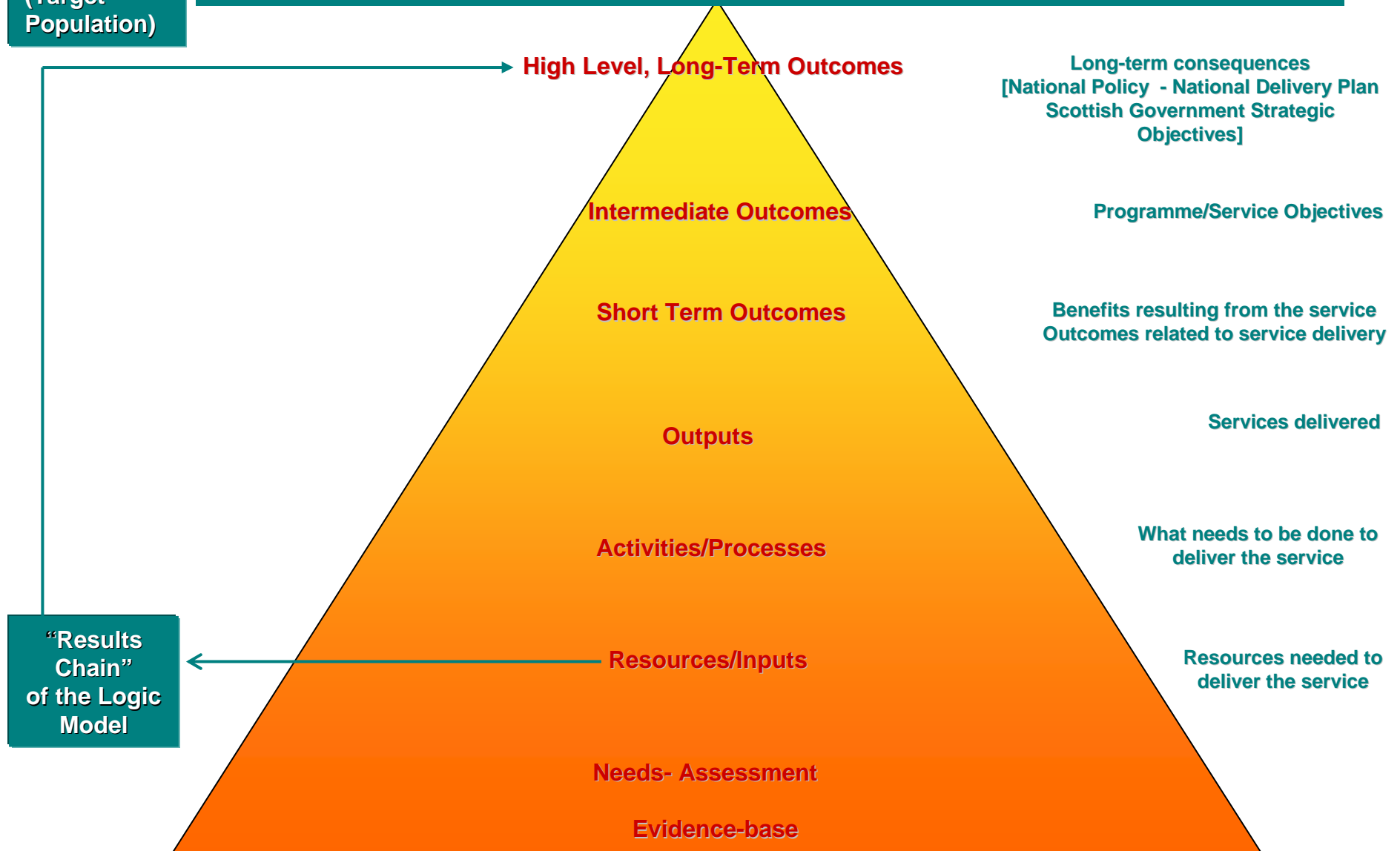
Non-Clinical Outputs

- MCN Steering Group
- Programme of education and training (CPD)

North of Scotland Child & Adolescent Neurology Network (NeSCAAN)

**REACH
(Target
Population)**

Children resident within the North of Scotland requiring assessment, treatment and follow-up care in relation to neurological conditions of which childhood epilepsy accounts for approximately 50% of paediatric neurology practice



**“Results
Chain”
of the Logic
Model**

**Outcome-Focused Approach – A Framework for
Evaluation**

North of Scotland Child & Adolescent Neurology Network (NeSCAAN)

REACH

Children resident within the North of Scotland requiring assessment, treatment and follow-up care in relation to neurological conditions of which childhood epilepsy accounts for approximately 50% of paediatric neurology practice*

1. To provide the best possible care as close to where children and young people live
2. To improve children and young people experience of health service
3. To reduce health inequalities among children and young people

High Level, Long-Term Outcomes
[National Policy - National Delivery Plan
Scottish Government Strategic
Objectives]

For children & young people in the North of Scotland to benefit from improved access to a wide range of appropriate, safe and sustainable specialist neurology services.

Intermediate Outcomes
Programme/Service Objectives

Increased number of children attending "local" specialist clinics

Increased satisfaction of children and carers

Increased number of children receiving appropriate neurological assessment and review

MCN accreditation

Increased number of children being seen by specialist neurological staff

Short Term Outcomes
Benefits resulting from the service
Outcomes related to service delivery

Clinical pathways, protocols and guidelines implemented

Peripheral specialist clinics e.g. neuromuscular

MCN Steering Groups meetings

CPD events

2^o epilepsy and 3^o neurology clinics

Outputs
Services delivered

Develop local care pathways, protocols, standards and clinical guidelines in accordance with evidence-base

Establish MCN steering group

Develop children and carer-friendly information packs

Activities/Processes
What needs to be done to deliver the service

Develop training and education programme

Develop specialist nurse clinic

Develop e-health systems

Develop audit programme

Develop peripheral specialist clinics

Specialist Nursing and AHP staff

A&C Support

Consultant paediatrician with neurological expertise

Resources/Inputs
Resources needed to deliver the service

Network Manager

Consultant radiologist

E-health systems

Radiographer

Clinical Leader

* Expected number of children with epilepsy across the North of Scotland is in excess of 1,600 of which approximately one third may require tertiary paediatric neurology involvement.

Needs-Assessment

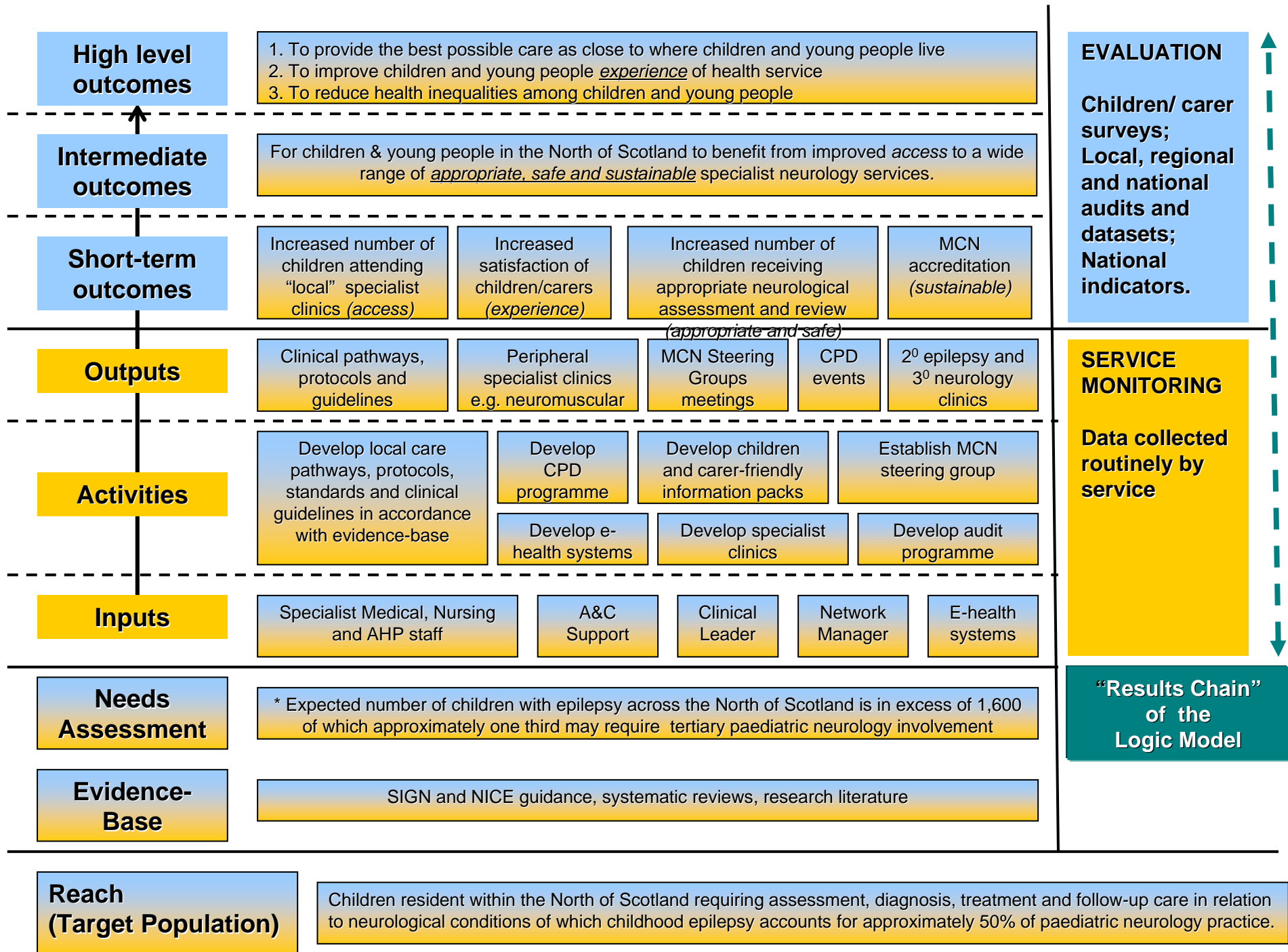
SIGN and NICE guidance systematic reviews, research literature

Evidence-base

"Results Chain" of the Logic Model

Improved access

Outcome	Reduced patient travelling time / reduced DNAs
Short term outcome	<ul style="list-style-type: none">• Increased number of children attending “local” specialist clinics
Output – services delivered	<ul style="list-style-type: none">• Peripheral specialist clinics / Visiting clinic model• Develop local care pathways, protocols, standards and clinical guidelines in accordance with evidence-base
Activities / processes	<ul style="list-style-type: none">• Consultant paediatrician time with neurological expertise / Specialist Nursing and AHP staff time / funding for travel
Inputs / resources	



What next

- Initial framework agreed
- Hand over to Networks / services to ensure sustainable commitment
- Model of continued public health support through ‘coaching’ role via PH networks / clarity of public health skills / expertise available
- Refine and develop model and application through continued action learning

Lessons Learnt

- Apply much earlier in service development
- Challenge of lack of external standards to generate outcomes
- Or internal construction of outcomes:
process / clinical / quality measures /
patient, carer perspective

Lessons Learnt 2

Challenging thinking: alien / novel concepts

Public health c.f. clinical approaches

Finding a language to fill the gap

- Ownership & involvement via management support
- Issues ref specific services eg
 - Appetite / confidence / stage of development for network approach / flexibility of thinking