Evaluating the impacts of your PIFU programme

A guide to evaluating Patient Initiated Follow-Up (PIFU) services

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RSET rapid service evaluation team

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Evaluation guide summary

This guide focuses on conducting a ***robust outcomes evaluation at a specialty level*** to measure how much of a difference your PIFU service is making for patients, staff and the local system in the short and longer term.

The guide is for people working in operations, outpatients, transformation or quality improvement at a trust or service level. Or anyone else interested!

Why evaluate?

Enlightenment	To provide evidence on whether a PIFU pilot should become business-as-usual (BAU) *OR* if PIFU services are already BAU, a robust well-timed evaluation (after the service has been running long enough) can tell you whether PIFU has worked, why and how.
Improvement	To inform improvement of PIFU services.
Persuasion	To get buy-in from staff and gain investment in the service.
Engagement	To provide opportunities for patients and public perspectives to shape.

Step 1. Build an evaluation working group
- Contact people who could help with the evaluation. Create a working group.
- Hold regular meetings or join existing PIFU meetings. Agree answers to these questions and write down what you agree in an evaluation plan.

Step 2. Decide aims
- Ask yourself whether national aims align with your local aims.
- Note down any local targets tied to objectives.

Step 3. Describe how & why PIFU works
- Adapt the national PIFU logic diagram to fit your local service.
- Check the logic diagram with your working group.

Step 4. Agree on evaluation questions
- Review the example evaluation questions regarding patients and staff for staff and patients AND the evaluation questions regarding the service and system.
- Select up to five with your working group, adding details to the questions to make them more specific and measurable.

Step 5. Select indicators & outcomes
- Find out which data is already collected in your trust.
- Choose a small number of short, medium and long-term outcomes that are distinct for patients, staff and the trust/local system.
- Choose indicators in line with outcomes.
- Add any local targets set for the indicators you've chosen.
- Map out your data timepoints against your evaluation timeline.
- Complete data collection tables for patients, for staff, and for the service and system.

Step 6. Collect & analyse data
- Continue completing the data collection tables in step 5.
- Where collecting new data, see NHS England templates.
- Keep GDPR guidance in mind.
- Assess the quality of data you have (whether you collected it or it was already available). When significant data is missing, this should be described as a limitation.

Step 7. Reflect & report findings
- Consolidate learning into a report, summary or email/leaflet. Borrow from these examples.
- Remember to describe how your PIFU service works, so findings are understood in your local context.
- Be clear about the limitations you faced in the evaluation.

Note that highlighted text in the guide signals an action for readers

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Introduction: evaluating your PIFU programme

Why evaluate PIFU?

Enlightenment
- If PIFU services are being piloted, an evaluation can provide evidence to make PIFU business-as-usual (BAU).
- If PIFU is already BAU, a robust well-timed evaluation (after the service has been running long enough) can not only tell you whether PIFU has worked, but also why and how.
- Evaluation can tell you the merit, worth or value of PIFU services.

Improvement
- Evaluations can help you improve your PIFU service, learning from what is going well and could be better.

Persuasion
- Evaluations can help give you the evidence needed to maintain or grow your PIFU service and investment in it.
- Your evaluation findings can help get vital buy-in to show teams your PIFU service is having an impact.
- Your evaluation findings can also inform decision-making in your wider organisation. By working with decision-makers from the onset, you can ensure your evaluation timeline aligns with their decision-making cycles.

Engagement
- Evaluations can also be an opportunity for patient and public representatives' perspectives to be heard and considered.

Who is this guide for?

- This guide is for anyone with an interest in knowing if a PIFU service is working as intended within a specialty and to identify ways in which it can be improved.
- This might include people working in operations, outpatient, transformation, or quality improvement roles at a trust-wide level or clinical/operational leads within specialties. Evaluation teams outside of a trust may also benefit from the guide.

How to get started?

- We know your time is pressured. Start by reading the summary slide to get a sense of the overall process.
- The level of detail in the guide might feel overwhelming. The detail is here to help you.
- Break it down into manageable bits – start with Step 1 – and bring in colleagues to assist.

Before we get into the detail, we should be clear that there are numerous ways of evaluating a PIFU service. This guide focuses on conducting a ***robust outcomes evaluation at a specialty level*** to measure how much of a difference your PIFU service is making for patients, staff and the local system in the short and longer term.

Introduction: What is monitoring? What is evaluation?

There is a lot of diversity of terminology in monitoring and evaluation. Some people refer to monitoring and evaluation as simply 'programme evaluation', but it can be helpful to distinguish them.

See Appendix A for a glossary of evaluation terminology

Monitoring

Continuous supervision of an activity to check whether plans and procedures are being followed (Ovretveit, 2014)

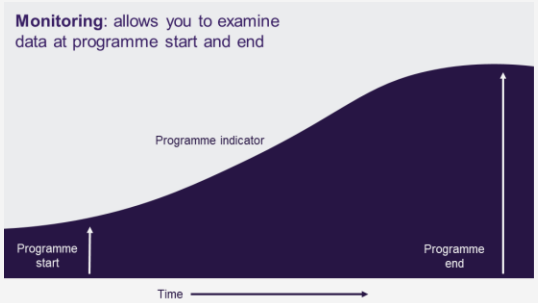
- Tends to be an ongoing collection of information that begins when you start PIFU
- The data collected is used primarily for programme management (and might normally be collected by people in operations roles)

vs.

Evaluation

A comparative assessment of the value of something, using systematically collected and analysed data, in order to decide how to act (Ovretveit, 2014)

- Encourages you to set a goal for PIFU (e.g. improve patient confidence in following care plan by 10 percentage points) and compare your service against that goal (or other similar services) to measure its impact
- Needs at least two data points for comparison (e.g. looking at PIFU levels now compared to one year ago, or what people say now about the service compared another service at this time)
- Involves using the data you collect to make a judgement of the service's merit or worth (and is therefore more analytical than monitoring)
- Is done less frequently than monitoring



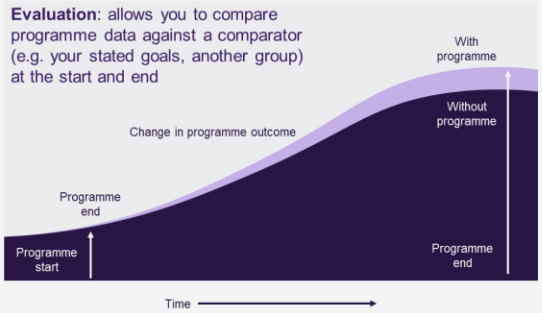


Image source: https://www.measureevaluation.org/resources/publications/ms-07-20-en

Ovretveit, J., 2014. *EBOOK: Evaluating Improvement and Implementation for Health*. McGraw-Hill Education (UK).

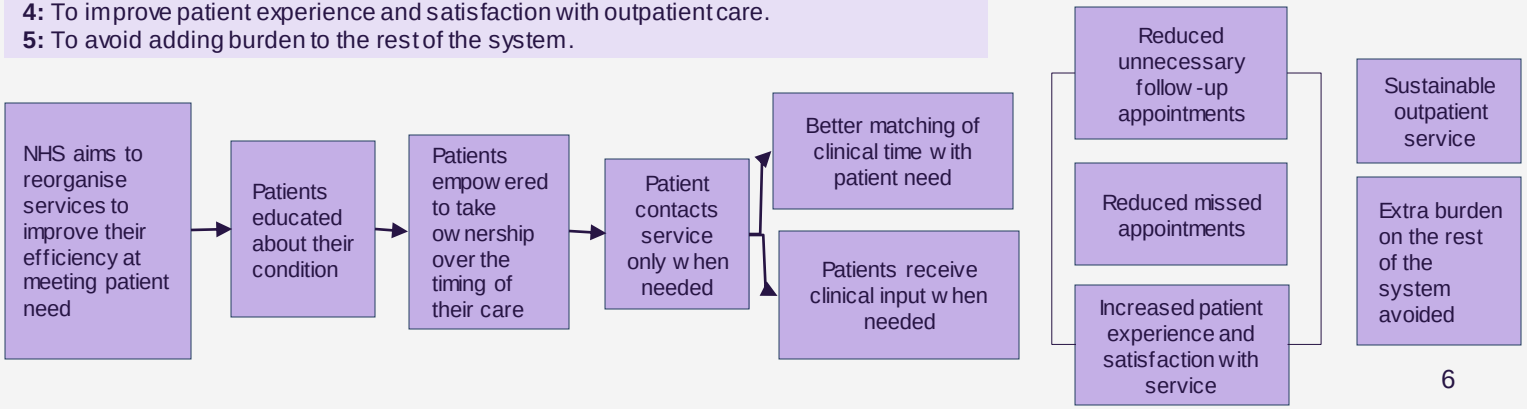
Background: What does PIFU aim to do?

PIFU gives patients control over their follow-up care, allowing them to be seen quickly when they need to, while avoiding the inconvenience of appointments that are of low clinical value. PIFU is not a new concept, and historically has gone by several other names such as 'open access' or 'see on symptom'. In some specialities it has a specific name. For example, 'Personalised Stratified Follow Up' in cancer. Through formalising as PIFU, key features such as safety netting, shared decision-making, and recording and reporting, should be built into operating models.

PIFU is part of the outpatient transformation requirements laid out in NHSE operational planning guidance and has been identified as a key enabler for reducing unnecessary follow-up appointments. This is a key part of creating sustainable outpatient services, empowering patients, and delivering personalised care in the NHS.

National programme goal: To run sustainable outpatient services.

Objectives
1: To empower patients to take ownership over the timing of their care.
2: To better match clinical time with patient need.
3: To reduce unnecessary follow-up appointments.
4: To improve patient experience and satisfaction with outpatient care.
5: To avoid adding burden to the rest of the system.



Background: How is PIFU expected to work?

Inputs (needed to implement PIFU)

- Each of the following should be developed with people who will be involved in delivering or receiving PIFU.
- All patients and/or carers should have PIFU explained to them and the opportunity to ask questions and raise concerns.
- A standard operating procedure (SOP) that includes PIFU timescales, clinical protocols, target service response times, patient safety nets, triage processes, patient communications (letter templates and web pages), and booking processes and clinic slots should be in place.
- Presence of an IT system that is fit for purpose. All patients moved to a PIFU pathway should be logged and tracked on the organisation's IT system, and the service able to report on key metrics, including the number of patients who are on a PIFU pathway.
- A project team (including someone responsible for the day-to-day management of the rollout, IT leads and clinical leads for your chosen specialties).

Activities (that are carried out to deliver PIFU)

- Develop your SOP
- Develop local clinical resources
- Engage with NHSE and IT provider to ensure appropriate IT system changes are made
- Engage staff
- Training for clinicians and administrative staff
- Engage patients
- Prepare for potential health inequalities

Outputs

- SOP developed
- IT in place
- Patient education materials
- Staff engaged (e.g. designed service or attended learning event)
- Patient representatives engaged (e.g. read patient comms)
- Number of patients moved onto a PIFU pathway as a result of a normal appointment (i.e. not a waiting list review)
- Basic data available, and assessed as complete and of good quality (e.g. total number of patients on a PIFU pathway, numbers of DNAs from patients on a PIFU pathway)
- PIFU data linked to the PAS system
- Plans in place for review and improvement of PIFU

Shorter-term outcomes

For patients
- Experience: Improved flexibility of appointment (i.e. gives people an option to have appointments when they need it e.g. during a flare up)
- Patient safety: Improved understanding of the PIFU process.

For clinicians
- Wellbeing/experience: Increased confidence that they are seeing the patients who need them the most
- Wellbeing/experience: Increased confidence that patients know how to contact services if they need to

For providers and systems
- Effectiveness: Increased number of patients can decide when they need an appointment

Medium-term outcomes

For patients
- Effectiveness: Increased feelings of empowerment for people to book appointments when they need them.
- Experience: Reduced inconvenience, time, cost and stress associated with hospital appointments that do not benefit them
- Experience: Reduction in waiting time for first outpatient appointment referral to treatment pathways

For clinicians
- Productivity and efficiency: Improved management of PIFU patient caseloads and waiting lists in a safe and effective way

For providers and systems
- Activity: Reduction in follow-up appointments
- System working: Reduction in waiting times and waiting lists (due to net reduction in follow-up appointments)
- System working: Net reduction in follow-up appointments
- Effectiveness: Reduction in did not attends (DNAs) (as patients can decide when they need an appointment)

Longer-term outcomes

For patients
- Effectiveness: Improved engagement with their health (patient activation)
- Effectiveness: Reduced need for emergency services
- Experience: Improved patient experience and satisfaction with service
- Experience: Improved communication with clinicians
- Outcomes: Reduction in unmet need and clinical risk (from patients waiting for follow-up appointments)
- Outcomes: Improved quality of life or wellbeing (if patients are more likely to be seen when they need to be)

For clinicians
- Productivity and efficiency: Capacity released for other clinical priorities
- Experience: Improved communication with PIFU patients
- Experience: Improved experience of managing patient care

For providers and systems
- Improved efficiencies in primary care

Assumptions (that underlie PIFU working or not)

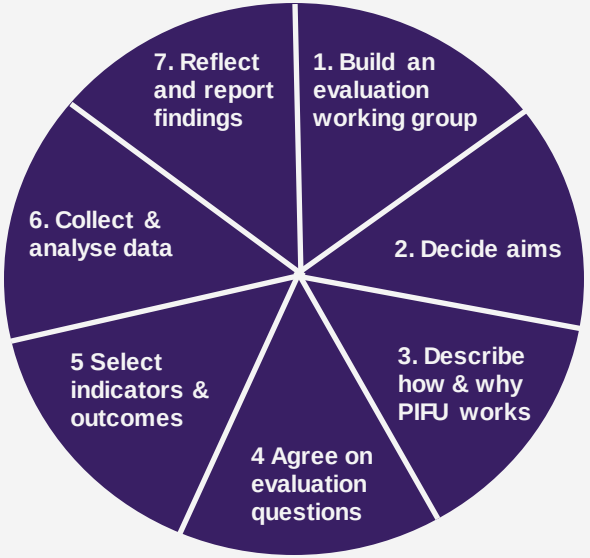
- Only suitable patients will be referred to PIFU (not clinically complex, clinical needs to see patient on fixed timescale, no safeguarding concerns, patient needs to be seen in secondary care, patient able to contact service easily)
- PIFU can be used alongside other routine-timed appointments
- Appropriate safety netting in place to avoid "missing" patients
- Touch points in place with patients who may not initiate contact
- PIFU will not have an exceedingly negative effect on inpatient, emergency or primary care.

External factors (that might affect how PIFU works or not)

* Long-term plan commitment, which also made PIFU a national priority – national targets create focus and priority
* Significant political changes leading to changes to elective recovery approach (e.g. PIFU dropped or other outpatient transformation approach preferred)
* Health conditions (e.g. outbreaks of infectious diseases)
* Negative public perceptions of PIFU from among clinical or patient groups (possibly due to patient falling through safety net)
* Early evaluation demonstrates a negative or positive link between PIFU and inequality of access (could have change perceptions of PIFU)
* Access to required resources (e.g. availability and retention of skilled personnel to deliver the programme, availability of required infrastructure, access to affiliated support services).
* GP knowledge and engagement, and buy-in and support from wider clinical and professional bodies
* Long elective waits and lack of capacity in primary care creating a push for new alternatives to organising care
* Difficulty for patients to get in touch with trust leads to patients falling through safety net

The 7 steps of evaluation

A reminder that highlighted text in the guide signals an action for readers



Step 1: Build an evaluation working group

To give you the support you will need during the evaluation, build an evaluation working group.

Members could include your:

- PIFU Clinical Lead
- IT Lead (responsible for scoping and implementing changes to systems to support PIFU delivery)
- Senior Sponsor (accountable for success of PIFU roll out)
- Medical statistician or Business Analyst (who can help with bringing together and analysing data)
- Information Lead (responsible for producing data for PIFU roll out)
- Equality-Diversity-Inclusion (EDI) lead
- Communications Lead (responsible for developing and delivering strategic communications)
- Local Personalised Care lead (if available)
- Chief Clinical Information Office
- Primary care
- Patients or patient representatives

The working group can help make decisions, act as a sounding board, collect and analyse data, and ensure that action happens on the back of evaluation findings.

Working group members can be expected to have a variety of interests and show varying levels of availability and capacity to contribute to the evaluation. They may disagree about some of the key aspects of the evaluation. Your role is to guide them to agreement.

Evaluation basics

- Invite people to help with the evaluation.
- Hold regular meetings covering each of the topics on the next slide – or ensure that the evaluation is covered in an existing PIFU meeting.
- Write down what is agreed at your meetings on each topic in an evaluation plan.

Advanced approaches

- To better understand evaluation concepts, look at additional evaluation guidance, such as https://nhsevidencetoolkit.net/ or https://www.betterevaluation.org.
- Encourage the working group to undertake evaluation training (often available through local Applied Research Collaboratives).
- Contact regional leads for evaluation signposting. Email nhsi.outpatient-transformation@nhs.net

Questions to ask yourself

- ❑ Does your working group have wide representation (including patients)?
- ❑ Do you have an evaluation plan taking shape? To what extent does the working group agree on its content?

Top tips

- You may have trouble getting a diverse group of people to volunteer. This is common. These challenges could be overcome by seeking out membership from people who have good access to data you might need and / or have the analysis skills to help (e.g. Quality Improvement or Transformation teams). It would also help if you could ensure that the members of your working group are interested in PIFU and clear on the time commitments required.

Step 1: Build an evaluation working group

At your first few meetings on the evaluation, try to cover the following questions. Write down the group's responses in an evaluation planning document.

Existing evidence on PIFU	1. What are the lessons learnt from other PIFU services inside (or outside) your trust? How can you build on existing evidence? *See the FutureNHS Collaboration platform for national guidance and case studies. Talk to other local PIFU service leads or organisational leads for any documents from outside of your specialty (noting that PIFU might be called something different)* 2. If piloting PIFU, are there plans for sustainability in place beyond the initial trial/pilot?
Working group	3. Does everyone in the working group have a role and know what they're doing? Is there anyone missing? 4. Would the working group benefit from evaluation training / coaching? *See recommended training websites and contacts on the 'Advanced approaches' section on the previous slide.*
Focus of evaluation	5. What are the evaluation questions that are most important to answer? 6. Are there any unintended consequences (positive or negative) that would be worth measuring in an evaluation? 7. What data collection approaches are most suitable? What and who do you want your evaluation findings to influence? 8. What would success look like for your evaluation?
Evaluation logistics	9. What is the right timeline for the evaluation? Which deliverables or reports will your findings feature in? 10. What ethics or governance approvals might be needed? *Most local evaluations are classed as service evaluations because their results are not meant to be generalisable, but it is important to talk to the research and development team in your trust to determine whether any approvals are needed.* 11. What resources (time, money, expertise) will be needed in addition to what has been secured? 12. How will you communicate with the working group and share emerging findings throughout the evaluation with other stakeholders? *Consider communicating regularly (via newsletters, emails, and at meetings) about the evaluation plans, progress and emerging findings as you go along (rather than just at the end) to engage audiences throughout the evaluation.*

Step 2: Decide on the aims of PIFU in your specialty

It can be useful to separate your overall aim for your PIFU service from its specific objectives.

Despite NHS England having national aims and objectives for PIFU, your local context may mean that you need or want to adapt these.

Carefully consider whether your local objectives are achievable within your evaluation timeline. It might be too soon to see change if you're still early on in your PIFU journey.

Evaluation basics

- Complete the table below.
- Note down any local targets tied to objectives.

Advanced approaches

- Reach out to other PIFU leads with similar aims and objectives to compare and collaborate on your evaluation approaches.

National aim and objectives		Local aim and objectives	
National programme aim	To run sustainable outpatient services.	**Local programme aim**	Add your local aim here.
Objective 1	To improve patients' perceptions of their ownership over the timing of their care.	**Objective 1**	Copy and paste only those objectives that align with your local PIFU initiative. Add any other objectives.
Objective 2	To better match clinical time with patient need.	**Objective 2**	
Objective 3	To reduce unnecessary appointments.	**Objective 3**	
Objective 4	To improve patient experience and satisfaction with outpatient care.	**Objective 4**	
Objective 5	To avoid adding burden to the rest of the system.	**Objective 5**	

Questions to ask yourself

- ❑ Does your working group agree on your local aims and objectives?
- ❑ Does your working group agree on the goals or targets that you have set locally?

Top tips

- Drawing on lessons from other PIFU initiatives – local or from further afield – can be helpful to determining aims and objectives. See examples of evaluations here.

Step 3: Describe how and why PIFU works in your specialty

Describing your local PIFU service in a logic diagram helps everyone involved understand how the service works.

While this might feel unnecessary, the diagram can help communicate the details of your programme to people across the trust. They can also used in other relevant local documents (e.g. PIFU Standard Operating Procedures, training tools, communications with staff, and so on).

Evaluation basics

- Adapt the national PIFU logic diagram to the context of your local PIFU specialty. Edit out any inputs, activities, outputs or outcomes that do not align with your PIFU service.
- Involving your (sufficiently representative) working group in developing your PIFU logic diagram.
- Drawing on local knowledge, clinical expertise, experience from similar services or academic theories to build the evidence behind your PIFU logic diagram.

Advanced approaches

- In addition to a diagram, create a longer written description of your PIFU logic diagram. This could involve, for example, descriptions of the roles of clinicians, patients, and descriptions of the local context and time.
- Produce a simplified version of the PIFU logic diagram for patient communication documents.

Questions to ask yourself

- ❑ Have you checked the national shorter, medium and long-term outcomes are suitable for your specialty?
- ❑ Have you added assumptions and external factors from your local context?

Top tips

- You may need to edit your local PIFU logic diagram numerous times before you get it right. This is frustrating but completely normal.
- Keep your PIFU logic diagram updated whenever your service changes. This will enable you to share it at a moment's notice if needed for presentations, meetings or business cases.

Step 3: Edit this national logic diagram to better match your local service

Inputs (needed to implement PIFU)

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* Difficulty for patients to get in touch with trust leads to patients falling through safety net

Step 4: Agree on evaluation questions

Outcomes evaluations typically focus on questions such as:

- Did the service produce or contribute to the intended outcomes?
- For whom, in what ways and in what circumstances?

Some of these questions will necessitate quantitative data (often describing 'how many' or 'how often') whereas others will need qualitative data (often describing 'why', 'how', or 'in what way').

Evaluation questions should be specific, measurable, achievable, relevant and timely. They should also be framed in a way that allows for comparison (of pre-and post-intervention data, or to a comparator group).

It is important to keep your evaluation timeline and PIFU service maturity in mind. Some long-term evaluation questions may not be appropriate for new services, unless the evaluation period lasts several years.

It is also important to be selective about the evaluation questions asked, as each has resource and data implications.

Evaluation basics

- Review the full range of questions on the next slide. Reword them as needed.
- Select up to five questions – and prioritise them.
- Discuss the evaluation questions with your working group, adding details to the questions to make them more specific and measurable.

Advanced approaches

- Test out your proposed evaluation questions with stakeholders outside of your working group – Are they relevant? Are they important?
- Speak with your NHS England regional lead to determine to what extent your local evaluation questions align with other local evaluations occurring in the region.

Questions to ask yourself

- ❑ Do the evaluation questions cover each of the areas you are interested in examining?
- ❑ Do you have the resources in place to answer the evaluation questions you have selected?
- ❑ Are the questions you have selected feasible within your evaluation timeline?

Top tips

- Look at other PIFU evaluations to see which evaluation questions they have focused on. See examples here and on the FutureNHS Collaboration platform.

Step 4: Agree on evaluation questions

Evaluation questions on patients

Patient outcomes	• What are the relevant patient outcomes for evaluating the impact of PIFU services? What impact has PIFU had on these patient outcomes?
Patient experience	• As a result of using PIFU services, do patients have higher satisfaction with outpatient care than they otherwise would have? • What are patient experiences of engaging with PIFU services relative to all other patients being treated in outpatients? • Did being on a PIFU pathway improve patient experience compared to patients on non-PIFU pathways for the same service? • To what extent do patients perceive their preferences as accommodated in the PIFU decision-making process (shared decision-making) relative to previous their previous decision-making involvement for this health condition?
Patient safety	• How often have safety breaches / incidents been recorded for both PIFU and non-PIFU patients since [start date of the evaluation]? • How many patients were identified 'lost in the system' in PIFU and non-PIFU pathways in [specialty] between [start date] and [end date]? • To what extent did PIFU pathways preserve patient safety objectives for the service?
Effectiveness	• What was the impact of PIFU on the frequency of outpatient attendances? And on secondary emergency care? • With what rate of success were patients able to receive appointments [within two weeks or other appropriate timeline] of request since [date of the evaluation starting]? • To what extent did moving to a PIFU pathway improve patients' confidence to manage their care (relative to their previous levels of confidence)? • To what extent were 'did not attends' affected by introducing PIFU? • With what frequency are consultant PIFU clinics overrunning compared to non-PIFU clinics?
Health inequalities	• Is there variation in how different patient populations access and engage with PIFU? • To what extent did PIFU pathways preserve patient safety objectives? • To what extent did PIFU address issues of equity and inclusion?

Step 4: Agree on evaluation questions

Evaluation questions on staff

Staff wellbeing / experience	• What are staff experiences of delivering PIFU (relative to staff experiences pre-PIFU)? • To what extent are clinicians engaged in the development of PIFU? • To what extent was the target of engaging X% of staff in PIFU met [during the early evaluation period]?
Staff productivity and efficiency	• What is the impact on staff workload and capacity across different roles? • To what extent to which staff feel able to devote more of their time to patients with the greatest needs?
Workforce	• What impact does PIFU have on team working? • What were the particular features of PIFU that made a difference for staff?

Evaluation questions on the trust and system

System working	• What impact has PIFU had on patient contacts in primary care? And in community care?
Systems finances (QIPP)	• To what extent was the PIFU budget spent efficiently? • Did PIFU clinics spend as much as was budgeted?
System contribution to net zero	• What impact has PIFU had on avoided carbon emissions?
Unintended consequences in the system	• What are the unintended consequences of PIFU (e.g. reduced income, patients lost to follow up, increased inequalities in some vulnerable groups, increased clinician stress due to more complex case loads)? To what extent can those consequences be attributed to the programme?

Step 5: Select appropriate indicators

Indicators identify change (in quality or quantity) within a defined period of time. Indicators can be divided into output indicators or outcome indicators.

- Output indicators are used to assess whether and to what extent *outputs* have been delivered.
- Outcome indicators are used to assess whether or the degree to which the *expected outcomes* have occurred.

Where there are outcomes that you would like your local PIFU service to achieve, it is important to carefully consider whether they are achievable within your evaluation timeline (and the planned lifetime of the service too).

Evaluation basics

- Before choosing indicators…
  - Look at the data sources in the data collection tables for patients, for staff, and for the service and system.
  - Identify which data is already being collected within your service and trust.
  - Consider whether the indicators (which would be 'easily' informed by existing data) align with your evaluation questions.

Advanced approaches

- When choosing indicators…
  - ask your colleagues to describe what pattern of effects would be typical for your local PIFU service – and then search for appropriate indicators in the tables on the following slides, and/or
  - look to comparative case studies.

Questions to ask yourself

- ❑ Do the indicators and outcomes you've chosen align with your evaluation questions?
- ❑ Are the indicators and outcomes informed by data that is already routinely collected or will new data be needed?

Top tips

- Where timelines are short, it can be helpful to select shorter-term outcomes that if achieved one could reasonably believe that longer-term outcomes could also be achieved.
- If there is relevant routinely collected data, then try to use it to inform indicators (considering how long data collection can take).
- Speak with quality improvement and data teams to discuss how frequently data is collected, with what delay, and its quality and completeness. This will help you think about which questions and measures will be most appropriate to demonstrate the intervention's impact.
- Expect delays at every stage, for example, when identifying and accessing data in a format appropriate for the evaluation.

Step 6: Collect and analyse data

Once you have chosen your outcomes and indicators, determine how you will get the needed data.

Evaluation basics

- Complete the data collection tables for patients, for staff, for the service and system.
- If using existing data, determine how best to get the data to inform indicators.
- If collecting new data, plan how this will happen. Will equipment be needed (e.g. paper surveys or a voice recorder)? Will surveys be self-report or be administered?
- If multiple people are involved in collecting new data, training is important so that data is collected in a similar way.
- Regardless of whether existing or new data, have a plan on where to securely store your data. Keep GDPR guidance in mind.
- Assess the quality of data you have (whether you collected it or it was already available). When significant data is missing, this should be described as a limitation.

Advanced approaches

- Monitor data quality as you go along – for missing data or any issues – adapt your approach if needed and be clear in your evaluation planning document about if and when data collection tools and processes changed.
- Likewise, undertake analysis early and throughout the evaluation to inform changes to the service and evaluation.
- Where appropriate and justifiable, bring together samples from various implementation phases or across sites.
- Agree regular access to a statistician to widen your opportunities to explore different analysis approaches.

Questions to ask yourself

- ❑ Is the existing data collected consistently? What steps have you taken to ensure new data is collected consistently?
- ❑ Is there significant missing data?
- ❑ If quantitative data, is the sample size likely to be sufficient for meaningful analysis?
- ❑ Are there specific plans to obtain baseline data?
- ❑ How does the comparison group compare to your sample?

Top tips

- NHS England has produced patient and staff survey templates. If you would like to use other tools, the Better Evaluation website provides data collection toolkits on some of the most common forms of data collection, including observation, surveys, focus groups.
- Draw on the resources of in-house analysts and other staff / students who are well positioned to collect data where possible.
- See appendix C for more details on how to collect and analyse quantitative data.
- If analysing your own quantitative data, have a statistician or someone with relevant expertise look over your initial analyses to check you have the data you need.
- It is good practice to have a comparator group for patient outcomes (e.g. a sister service/ or historical patient data), but if you don't, it isn't the end of the world, the evaluation is still worthwhile, although the lack of a comparator will limit what can be deduced from the analysis.
- Don't try to use a comparator that isn't appropriate. Be realistic about what might be possible given the resources, time and already available data.

Steps 5 & 6: Complete this data collection table (for patients)

Edit out any indicators you won't collect. Add details around when data will be collected and who is responsible. Use surveytemplates and tools.

	Indicators (add any known local targets)	Possible data sources	When will this data be collected?	Who will be responsible for collecting and analysing this data?
Patient health outcomes	These will be specialty specific	PAS EQ5D questionnaire		
Patient experience	Patient confidence asking questions in their appointment For patients who initiate an appointment, how the waiting period compared to their expectations Quality of service from booking team Quality of service from clinical advice line Quality of service from clinician Quality of communication from the service How patients feel about the frequency of their appointments How patients felt any concerns were managed by service Overall service experience	Patient experience and PIFU questionnaire Qualitative interviews (see next step)		
	Number of complaints/incidents	PAS		
	Patient related outcome measures (PROMs)	EQ5D questionnaire		
	Hours of patient time saved	Use the Interactive benefits calculator		
Patient safety	Consideration of patient preferences as part of the PIFU decision-making process How well patients understood the information they were given at their appointment Patients who wanted to make contact while on PIFU but were not able to	Patient experience and PIFU questionnaire		
	Patients who attended A&E while on PIFU pathway (for the condition)	PAS		
	Number of patient records lost	PAS		
Effectiveness	Patient confidence in following care plan Patient change in confidence over the period of their care Patient who initiate appointments	Patient experience and PIFU questionnaire Qualitative interviews		
Health inequalities	Percentage of those on PIFU who activate PIFU by person characteristic Percentage of those eligible for PIFU who choose to go onto a PIFU pathway, again by person characteristic	PAS		

Steps 5 & 6: Complete this data collection table (for staff)

Edit out any indicators you won't collect. Add details around when data will be collected and who is responsible. Use survey templates and tools.

	Indicators	Monitoring data sources	When will this data be collected?	Who is responsible for collecting and analysing this data?
Staff experience	Number of patients being overbooked Clinics overrunning (proxy for clinical complexity) The quality of your interaction with patients	Staff survey PIFU questionnaire* PAS Qualitative interviews (see next step)		
Staff productivity and efficiency	Hours / week of consultant time for re-investment into outpatient care Number of specialist advice requests Length of the waiting list Number of complaints RTT backlog First:FU ratio Clinic utilisation	Clinician rotas, clinician survey Staff survey PIFU template* PAS		

* The staff survey template is available here: https://future.nhs.uk/OutpatientTransformation/view?objectId=80501573

Steps 5 & 6: Complete this data collection table (for specialty, trust or system)

Edit out any indicators you won't collect. Add details around when data will be collected and who is responsible.

Providers and the system	Indicators	Possible data sources	When will this data be collected?	Who is responsible for collecting and analysing this data?
Specialty-level activity	First:FU ratio Clinic utilisation OPFU appointments / year Rollout of PIFU (percentage of patients on 'open access follow up' care or 'PIFU' pathway) Number of specialities delivering PIFU in hospital (or percent)	Use Model Health System and P-EROC https://model.nhs.uk/ to benchmark against others See the P-EROC dashboard at: https://future.nhs.uk/OutpatientTransformation/view?objectID=30406000 Note: local admin data will be needed to number/% of patients are deemed suitable for PIFU, as this is not possible in either data set above.		
Specialty-level effectiveness	Specialist advice turnround time # Undated referrals # ASI (Appointment Slot Issues (e.g. there are no slots available for booking at the time of the appointment search) DNA rate Hospital cancellations Measurement of Earliest Clinically Appropriate Date – How many patients have waited 25% beyond their clinically desirable follow-up date Measurement of total number of follow-up appointments taking place past the due date Uncashed appointments Number of patients discharged without an appointment this financial year	PAS		
	Virtual appointments	National video consultation activity dashboard		
	Number of patients on logged on a PIFU pathway OR Number of patients transferred to PIFU pathway this financial year Number of patients deemed suitable for PIFU pathways	Use the outpatient transformation planning tool v2		
Wider system working	Number of referrals avoided (incl secondary care referral screening, referral management centre, GP peer reviews) Appointments avoided in this financial year (by specialty) [enter your local target here]	Use the outpatient transformation planning tool v2		
	Reduction in waiting times and waiting lists due to net reduction in follow-up appointments	NHSE data – but refinement		
Contribution to net zero	Greenhouse gas calculations Quality-adjusted life years saved	Use the Interactive benefits calculator		
Financial sustainability	Cost / financial position of service line	Service line reporting		

Step 7: Reflect and report on your evaluation findings

After collecting and analysing your data, it is important to reflect on the quality of data and report findings with the people involved in your PIFU service, but also other interested stakeholders.

Evaluation basics

- It is important to consolidate all your learning into a report, summary or email/leaflet at the end of your evaluation.
- Remember that while the focus of the report should be the findings, it is important to describe your intervention clearly.
- It is also important that you describe your evaluation approach and state the limitations / challenges you faced in the evaluation.

Advanced approaches

- Publish your findings in many formats: summaries, memos, news communications, website communications, MS PowerPoint presentations, posters, feedback workshops, conferences.
- If unsure about the best format, ask your stakeholders (including patients) for their preferences and input in the 'writing up' phase.

Questions to ask yourself

- ❑ Have you decided when you will share evaluation results?
- ❑ Have you decided whether the results will inform quality improvement?

Top tips

- Be careful about publishing early results, as it is possible the data trends could change directions.
- If interested in quality improvement of your PIFU service during its implementation, it might be of interest to use your evaluation findings to inform a 'Plan Do Study Act' (PDSA) cycle. See: https://www.england.nhs.uk/wp-content/uploads/2022/01/qsir-pdsa-cycles-model-for-improvement.pdf
- Keeping decision-makers up to date with regular findings can help secure trust buy-in.
- Agreeing upfront with decision-makers whether the evaluation will have an influence on a service's sustainability.

Step 7: Reflect and report on your evaluation findings

Output type	For whom?	Top tips	Examples
Recommendations	Policymakers Trust boards	Set out clear recommendations and try to keep them succinct – one page should do.	PIFU national evaluation report includes recommendations for varied stakeholders: https://www.nuffieldtrust.org.uk/rset-rapid-evaluations-of-new-ways-of-providing-care/projects/investigating-innovations-in-outpatient-services-0
Case studies	Patients	Case studies can be a nice format to show other patients what you are doing and your findings in a digestible way. Be sure to include a clear description of your programme.	MS and Epilepsy PIFU in BLMK https://www.consultantconnect.org.uk/blmk-area-case-study/ Surrey Heartlands description of implementing PIFU https://s20056.pcdn.co/wp-content/uploads/2021/11/2.-Implementing-Patient-Initiated-Follow-Up.pdf
Evaluation reports	Policymakers Commissioners Trust boards Other volunteering services	Evaluation reports or slides are a comprehensive and robust way to demonstrate your findings and make the case that your service has impact. If you find writing a full report a bit daunting, consider pairing up with a research organisation and asking them for support in writing it. Try and keep it concise – and make use of diagrams to make the content more accessible.	Cambridge University Hospitals PIFU Patient Survey https://future.nhs.uk/OutpatientTransformation/viewdocument?docid=103223813 See the PIFU national evaluation report in the top row.
Academic publications	Academics Policymakers	Writing academic publications can help cement your findings into a wider evidence base. Support from a research organisation might be helpful in targeting the right journals.	Luqman I, Wickham-Joseph R, Cooper N, Boulter L, Patel N, Kumarakulasingam P and Moss EL (2020) 'Patient-initiated follow-up for low-risk endometrial cancer: a cost-analysis evaluation', International Journal of Gynecological Cancer 30(7), 1000–4, https://doi.org/10.1136/ijgc-2019-001074 For a review of recent studies see: https://www.nuffieldtrust.org.uk/research/patient-initiated-follow-up-will-it-free-up-capacity-in-outpatient-care

Appendix A: Glossary of evaluation terminology

Aim: An aim is the overall, or wider objective of a project or action OR the anticipated outcome that is intended or that guides one's planned action. It is useful to break aims down into two different categories: overall aim and specific aims.[1]

Attribution: "causal link between observed (or expected to be observed) changes and a specific intervention." [2]

Baseline: "A set of measurements before any intervention starts (after any initial 'run-in' period with no intervention), with which subsequent results are compared." [3]

Benchmark: A standard against which results are measured.[4]

Beneficiaries: The individuals, groups, or organisations that benefit from an intervention, project, or programme.[4]

Counterfactual: A hypothetical statement of what would have happened (or not) had the programme not been implemented.[4]

Evaluation: Judging the value of something by gathering information about it in a systematic way and by making a comparison, for the purpose of making a better-informed decision.[5]

Findings: Factual statements about a project or programme which are based on empirical evidence. Findings include statements and visual representations of the data, but not interpretations, judgments or conclusions about what the findings mean or imply.[4]

Goal: A broad statement of a desired, long-term outcome of a program. Goals express general program intentions and help guide a program's development. Each goal has a set of related, more specific objectives that, if met, will collectively permit program staff to reach the stated goal.[6]

Impacts: The anticipated end results or long-term effects of a programme: for example, changes in health status, such as reduced disease incidence or improved nutritional status. The positive and negative, desirable and undesirable, primary and secondary long-term effects produced by an intervention which can be direct or indirect, intended or unintended. Such broader effects of a project/programme's activities, outputs and outcomes exceed a project/programme's immediate sphere of responsibility.[1]

Indicator: Quantitative or qualitative measures of program performance that are used to demonstrate change and that detail the extent to which program results are being or have been achieved. Indicators can be measured at each level: input, process, output, outcome, and impact. [4]

Appendix A: Glossary of evaluation terminology

Logic model (representation of theory of change): A logic model, often a visual representation, provides a road map showing the sequence of related events connecting the need for a planned program with the programs' desired outcomes and results. A program design, management, and evaluation tool that describes the main elements of a program and how these elements work together to reach a particular goal. The basic elements in describing the implementation of a program and its effects are inputs, activities or processes, outputs, outcomes, and impacts. A logic model graphically presents the logical progression and relationship of these elements.[4]

Monitoring: Monitoring is the routine process of data collection and measurement of progress toward programme objectives. It involves tracking what is being done and routinely looking at the types and levels of resources used; the activities conducted; the products and services generated by these activities, including the quality of services; and the outcomes of these services and products.[6]

Monitoring: Continuous supervision of an activity to check whether palans and procedures are being followed (audit is a sub-type of the wider activity of monitoring).[5]

Outcome: The difference an intervention makes to the person, population, or organisation which is the target of the intervention.[5]

A result or effect that is caused by or attributable to the project, program or policy. Outcome is often used to refer to more immediate and intended effects. Related terms: result, effect.[4]

Outcomes are The changes measured at the population level in the program's target population, some or all of which may be the result of a given program or intervention. Outcomes refer to specific knowledge, behaviours, or practices on the part of the intended audience that are clearly related to the program, can reasonably be expected to change over the short-to-intermediate term, and that contribute to a program's desired long-term goals. Examples would be "the percentage of clients in a stop-smoking program who are nonsmokers six months after the program ends" or "the percentage of married women, ages 15–44, using contraception one year after a family planning intervention." [6]

Reliable: Results that are accurate and consistent through repeated measurement.[6]

Appendix A: Glossary of evaluation terminology

Stakeholders: Stakeholders are individuals, groups or organisations who influence or who are directly or indirectly influenced/affected by the service. Stakeholders have a significant interest in the success or failure of the service. The involvement of the largest possible number of stake holders into the management of the service and its evaluation (planning, implementation, evaluation, reporting) will promote understanding, enlarge ownership, and foster sustainability of the service.[1]

Survey: Systematic collection of information from a defined population through interviews or questionnaires.[4]

Sustainability: Sustainability describes the process of continued existence of benefits from an intervention after the concrete implementation has been completed. A service is sustainable if the changes purposely set in motion and supported (effects, processes and so on) during the duration of the project/programme can be continuously developed and maintained over time.[1]

Target groups: Target groups are those individuals or groups that a project or programme is targeting with its intervention. A target group consists of specific individuals, specific organisations, or specific institutions, etc. for whom project services are intended. Target groups can differ from beneficiaries of a project for whom the benefits of the intervention are intended (e.g. an intervention might target parents through training in child care and the preparation of healthy food in order to eliminate obesity with the beneficiaries of the project, their children).[1]

Validity: The extent to which a measure of a particular construct/concept actually measures what it purports to measure; how well a test actually measures what it is supposed to measure.[4]

References for glossary:

1 sportanddev. (n.d.). *Glossary of key terms in monitoring and evaluation*. https://www.sportanddev.org/en/toolkit/monitoring-and-evaluation/glossary-key-terms-monitoring-and-evaluation

2 WHO. (2013). *Evaluation Practice Handbook* apps.who.int/iris/bitstream/10665/96311/1/9789241548687_eng.pdf

3 NICE. (2024). *Developing NICE guidelines: the manual*. https://www.nice.org.uk/article/pmg20/chapter/glossary#baseline

4 Planning and Performance Management Unit Office of the Director of U.S. Foreign Assistance.(2009). *Glossary of Evaluation Terms*. https://pdf.usaid.gov/pdf_docs/Pnado820.pdf

5 Ovretveit, J. (2014). *Evaluating Improvement and Implementation for Health*. McGraw -Hill Education (UK).

6 Frankel, N & Gage A (2007). *M&E Fundamentals: A Self-Guided Mini-Course.* https://www.measureevaluation.org/resources/publications/ms-07-20-en

Appendix B: Template for an evaluation planning document

Introduction

This document summarises evaluation plans for PIFU services within [insert specialty]. The evaluation will be/was carried out from [insert start date] to [insert end date].

The PIFU service available

[Insert a brief written description of the outpatient specialty].

[Insert a brief written description of your local PIFU service, including its aims, population involved in PIFU. Copy and paste the table you created in step 2].

[Insert your local PIFU logic diagram. Copy and paste your local PIFU logic diagram, which you adapted from the national diagram].

[If PIFU is a pilot, describe any plans for service sustainability in place beyond any initial trials/pilots].

Evaluation working group

The evaluation working group included a range of people, drawing on skills from across the trust and local area. These included:

[Insert names of members of the group, their title, and their contribution to the evaluation].

Evaluation approach

[Insert key evaluation questions. Copy and paste the questions from step 4]

[Describe the planned data collection approach, and insert the data collection summary tables for patients, staff, and the trust and system]

[Describe the data analysis approach]

Dissemination plans

[Insert plans for communicating findings. Draw on ideas from step 7]

Timeline

[Insert Gantt chart or similar]

Appendix C: Collecting and analysing data

Quantitative data

Quantitative data (i.e., numbers)

Quantitative data are any data that can be expressed as numbers. Analysis can be very simple or very complicated, depending on what data you have collected and what you are trying to find out. Make sure you know exactly what you want to measure, and how you are going to do that.

Collect baseline data – you cannot demonstrate any change in the outcome of a service if you don't know what was happening before the start of the intervention/change being evaluated. Note: data can be expressed as numbers or categories (e.g. male, female).

- Survey – if you are using a survey, it is really important that it is well designed, or you won't be able to answer the questions you want to ask. See the CLAHRC West website for details of their courses https://clahrc-west.nihr.ac.uk/training-and-capacity-building/.
- Descriptive statistics – these are used when you want to show what is happening at one moment or over time, e.g. the number of referrals made to a new service. They can be presented in various ways, e.g. tables, graphs, bar charts, pie charts, run charts. See https://baselinesupport.campuslabs.com/hc/en-us/articles/204305665-Types-of-Descriptive-Statistics for more general information and https://qi.elft.nhs.uk/resource/run-charts/ for information about run charts. Be careful not to assume that any noted change has occurred because of the intervention – there may be other factors at play.
- Inferential statistics – these are used when you want to decide whether the intervention/change has led directly to any change in an outcome. There are many statistical tests available to use. Choosing the correct one is very important, and depends on the test conditions and the level of data. See https://baselinesupport.campuslabs.com/hc/en-us/articles/204305685-Inferential-Statistics for more information. **If you are not sure which test to use, ask a statistician.**
- Analysis for economic evaluation – conducting a good economic evaluation is always a complex undertaking. **If your team does not involve someone with relevant expertise, talk to a health economist.**

Appendix C: Collecting and analysing data

Quantitative data: Do you have appropriate baseline data and comparison groups?

Baseline data

Why do I need baseline data? Ideally all projects should have some understanding of the conditions at the start of the service or before the service was put in place (i.e. baseline data).

What is baseline data? Baseline data acts as a fixed reference point or benchmark to compare your service against, from which change and progress can be measured. Some baseline data may be readily available (e.g. if routinely collected); however, some baseline data might need to be collected as part of the evaluation (e.g. surveys or at patient appointments). Baseline data could include: patient data before they were exposed to the service; staff data (e.g. data on wellbeing); or system measures (e.g. DNAs).

Remember to…

- Obtain data at the specialty/ service / unit level (rather than hospital or local area) and ensure it's available for many months or years before your service began.
- Where baseline surveys were carried out before the PIFU service, good practice requires having access to the survey tool, a clear sense of how sampling was carried out, access to all raw data.

Comparison groups

Why do I need a comparison group? Having a comparison group provides an understanding of what would have happened to the patients, staff, and system if the PIFU service was not in place (often called the 'counterfactual').

How do I find a comparison group? There are a few straightforward ways you can calculate a counterfactual with the help of your working group:

Logically constructing a counterfactual using the baseline as an estimate of the counterfactual (and then using process tracking at each step of the theory of change) and/or asking people who know the service well to predict what would have happened in its absence.	Comparing outcomes with a comparison group. For example, if rolling out PIFU services in a staggered way across services, you could compare each new specialty against the data from the earlier services. Another option is to compare your PIFU results with trends in non-PIFU patients. Yet another option involves comparing PIFU findings with national data from a set of similar patients.
Using historical controls where the baseline data is available (e.g. comparing 'old' data from patients with the same condition as the patients receiving your service – or using the patients' own medical history).	Comparing the before-and-after difference for the PIFU group of patients (and then comparing with a before-after difference with a group who are not on PIFU pathways).

Remember to…

- Clearly describe how the comparison group compares to the group of people receiving your service in terms of their age, gender or illness – although understandably this is not always possible due to costs or no local comparable service.
- Obtain raw data on the comparison group (rather than just summary statistics).

Appendix C: Collecting and analysing data

Qualitative data

Qualitative data (i.e. stories)

- If you are able to, record interviews and focus groups and transcribe them verbatim. If this isn't possible, take comprehensive notes either during data collection or when listening to a recording afterwards.
- **Thematic analysis** is the most common method used for analysis. This involves reading and re-reading the data transcript until you are very familiar with it, highlighting issues you think are important, and grouping them in a way that makes sense to you. You then draw your own conclusions about the key messages emerging from the data. See https://sites.google.com/site/howtousethematicanalysis/home/what-is-thematic-analysis for a step-by-step guide to thematic analysis.
- There are many other methods for conducting qualitative analysis. See https://research-methodology.net/research-methods/data-analysis/qualitative-data-analysis/ for more information.
- By its very nature, qualitative analysis is a subjective exercise. This should not be thought of as an inherent weakness of the approach, it is simply one of its features; but it is important for researchers to be aware of how they may be influencing analysis. So **researcher reflexivity** is a key issue in qualitative research – you can find a good discussion about it at https://researchdesignreview.com/2012/11/14/interviewer-bias-reflexivity-in-qualitative-research/

https://www.nuffieldtrust.org.uk/rset

Suggested citation: NIHR Rapid Service Evaluation Team (RSET), *Evaluation Guide for PIFU programme*. 2023. https://www.nuffieldtrust.org.uk/rset-rapid-evaluations-of-new-ways-of-providing-care/projects/investigating-innovations-in-outpatient-services-0

RSET rapid service evaluation team

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