

Appendix 1. Studies implemented by all three embedded research teams

Researcher-in-residence evaluation of the Waltham Forest and East London Integrated Care (IC) pioneer programme

Background: The Waltham Forest and East London (WEL) integrated care (IC) programme began in 2012 and was one of 14 ‘pioneers’ charged with leading the development of IC to inform national policy and create useful learning for other IC initiatives across England.[1] The collaborative brought together commissioners, providers and local authorities covering the area served by Barts Health NHS Trust, an acute trust with three main hospital sites serving a population of almost a million people. The geography covered the East London local government boroughs of Waltham Forest, Tower Hamlets and Newham. As an IC pioneer, WEL were committed to evaluation. The formative RiR evaluation was commissioned with the aim of helping stakeholders to better deliver the aims and objectives of the programme.

Approach: Starting in September 2014, we carried out a 24 month qualitative and formative participatory evaluation in partnership with the WEL IC programme stakeholders, who included providers and commissioners (payers) of care, clinical staff and health and social care managers. Data were generated iteratively using ethnographic methods including 225 hours of formal participant observations of meetings and events, informal participant observations of usual working practices, conversations and interactions, documentary analysis and a total of 124 semi-structured interviews carried out in three distinct phases. Analysis and interpretation of the data was ongoing and iterative throughout the evaluation.

Results: Three major themes emerged from the evaluation. Firstly, difficulties with local implementation could be characterised by a disconnect between high level management and leadership and the operational delivery of the programme, manifest by an inadequate focus on relationships, trust and culture change. Secondly, the large number of different, and sometimes contradictory, policy initiatives at play in the context of the integrated care programme created confusion, distraction and ‘system inertia’ amongst staff responsible for the delivery of the programme. Thirdly, the national policy discourses of ‘scale and pace’ created problems for staff in trying to mediate between the realities of local implementation and ambitious expectations of policy makers. The three themes, which were negotiated and jointly interpreted with the participants, provided insights and challenge for the stakeholders and resulted in modifications to the programme during the evaluation.

UCLH ERT - Exemplar Ward Programme process evaluation

Background: The Exemplar Ward programme at UCLH NHS Foundation Trust is an accreditation scheme that aims to help wards identify areas of non-compliance with the Trust’s care standards and provide incentives for continuous improvement efforts. The UCLH ERT is currently carrying out a formative process evaluation of the programme.

Approach: The ERT are using qualitative research methods (interviews, observations, and documentary analysis) to document the processes used to design the Exemplar Ward Programme, examine the views of stakeholders on the programme and how these change through different stages of implementation, and analyse how the programme is implemented across the Trust. The ERT shares the findings of the evaluation at regular intervals to help inform different stages of rollout.

Results: Two interim reports have been submitted to UCLH: 1) after the pilot of the programme on three wards and before rollout in the first site, and 2) mid-way through rollout. In these reports, the ERT have made recommendations to the programme leads such as the development of new communication and engagement strategies with front-line staff, establishment of steering groups at local sites to give front-line staff the chance to escalate problems, and the development of sessions where staff can share their experiences of going through accreditation. The ERT also share findings in more informal ways at

monthly Board meetings. These recommendations are being used by UCLH to make changes in the implementation of the programme.

Bristol Knowledge Mobilisation Team - The HG Wells diabetes evaluation

Background: Bristol Clinical Commissioning Group, in partnership with South, West, Central Commissioning Support Unit and local healthcare providers, were carrying out a system-wide programme of service improvements for diabetes care. Part of the programme included working with general practices with interventions such as rolling out a computer software programme, offering training and encouraging social prescribing.

Approach: The researcher-in-residence and commissioning evaluation lead (KM team management fellow) designed a qualitative evaluation using a before and after case study approach in two studies. Data came from observations of general practices, staff and patient interviews and review of medical notes.

Results: Two reports were produced, a 'before' report for each practice. 'After' data collection was frustrated, as the diabetes programme was delayed because of organizational turbulence. Because written reports alone are unlikely to make a difference, the researcher-in-residence and commissioning evaluation lead also gave presentations of their findings to the HG Wells project group and the wider diabetes commissioning group. In addition, the researcher-in-residence gave an oral presentation on this work at an international conference. The findings of this work confirmed and helped to clarify practitioners' views of the programme and fed into commissioners' thinking about next steps.