

# Thinking Through Evaluation

## Personalised care and support planning

### Introduction

This document summarises some of the key learning assimilated by Year of Care Partnerships® based on our practical experience of working with more than 60 sites across the UK and overseas since 2007. It includes some useful considerations when planning an evaluation approach as part of the implementation of personalised care and support planning (PCSP).

Please contact [enquiries@yearofcare.co.uk](mailto:enquiries@yearofcare.co.uk) for access to the documents mentioned which are located on the secure area of the Year of Care website.

### Thinking it through

There are numerous benefits associated with the implementation of PCSP.

At a philosophical level you may wish to consider whether being person-centred is an outcome in itself, a measure of fidelity of the approach or a means to achieving another outcome.

Year of Care summarises some of the work already completed by other areas in our document [‘The impact of implementing the YOC approach to care and support planning’](#) and there are also a number of [reports available from various programmes](#) of work on the Year of Care website.

Ahead of developing a plan for evaluation it may be useful to look at these and spend some time considering the benefits you and your team hope to achieve by implementing PCSP, how the evaluation will be used and how it will be shared.

Before you can assess the impact of PCSP it will be critical to know that it is happening, and there are a number of ways in which you can assess this including using the Year of Care Fidelity Toolkit (contact us for access). Our learning suggests that it is generally easier to know if the process is in place and much harder to discover if the style and ethos of PCSP conversations is changing.

Consider the tools and methods you use to evaluate your local implementation and whether they are the right tools for what you want to measure. Question whether they are sensitive enough to pick up differences and ensure that the administration and collation of them doesn’t create additional burden when implementing changes required to put PCSP in place.

### Domains for evaluation

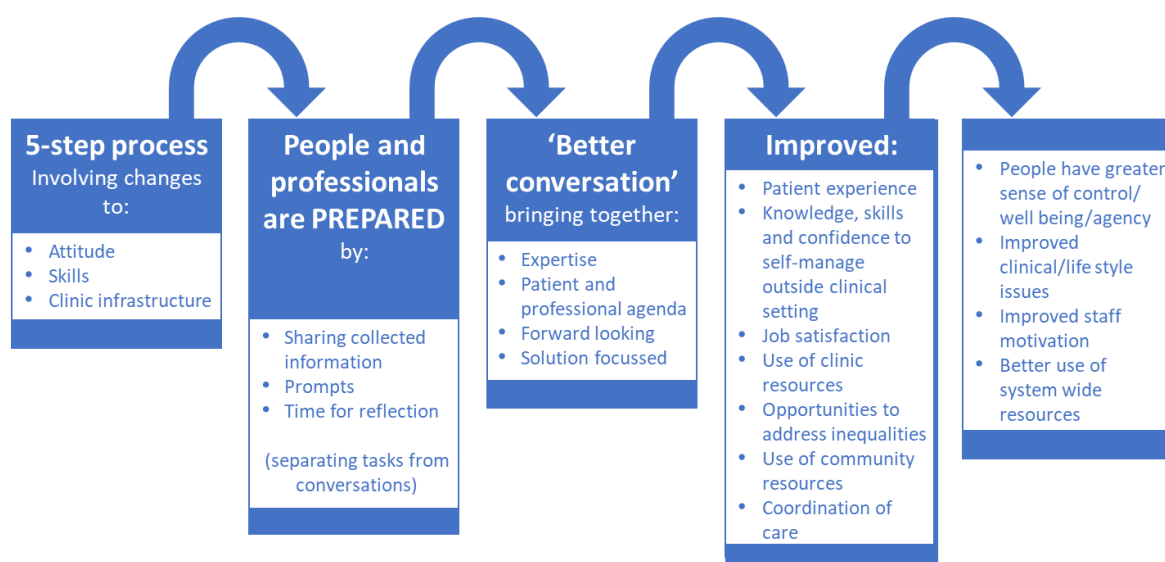
In general, there are a number of areas that you may wish to focus your evaluation on and broadly these fall across four domains; some of this will vary depending on the setting you are working in and improvements you hope to see as a result of implementation.

Domain	Potential for Impact
Patient	<p>Improved care experience including:</p> <ul style="list-style-type: none"> <li>• partnership working (equals and experts)</li> <li>• impact of preparation</li> <li>• consultation quality ‘better conversations’</li> <li>• involvement and engagement</li> <li>• understanding (knowledge, skills and confidence)</li> <li>• activation/ownership/enablement/ability to cope and manage</li> <li>• accessing care appropriately</li> <li>• confidence and trust in the healthcare professional</li> </ul>

	Improved self-management/sense of control e.g. adherence with medicines Improved biomedical indicators Reduced burden of care (relating to implementation in multimorbidity)
<b>Professional</b>	Improved job satisfaction and morale Clarity and value around role Improved teamwork Improved consultation skills Culture change towards a more patient centric approach
<b>Organisation of care and resource use</b>	More compliments/less complaints Clarity around roles and how things are organised Improved skill mix/resource use in the practice Streamlined processes - less duplication Care process completion rates Attendance and DNA Equity of access for inclusion groups (reduced health inequalities)
<b>Impact of resource use across the healthcare system</b>	Use of medicines Uptake of more than medicine and social prescribing Referrals to other services Less use of unplanned care (in the practice/across the system) Clinical data

### Using the right tool

The use of a logic model (contact Year of Care for access) or theory of change (below) can help to layout the inputs, activities and outputs of PCSP and this may support you to identify areas to focus your evaluation.



Once your measurement objectives are clear, there are a number of different tools and methods that can be used and it may be necessary to use several data sources to evidence your evaluation.

In general, a mixed methods approach including quantitative and qualitative data will ensure you measure the impact of what you have delivered, understand why things have happened and what made a difference.

Methodologies can include patient and practitioner interviews and surveys, observations in real-time or by video, focus groups (for patients and practitioners) and data analysis. Further details are contained in the [Health Foundation's 'Helping Measure Person-centred Care, chapter 4.](#)

A Year of Care summary of helpful evaluation tools can be found on the secure area of our website (contact Year of Care for access).

## Pitfalls

There are a number of potential challenges associated with evaluation:

### 1. *Complexity of the intervention*

PCSP is a complex intervention which includes several components and activities; it is difficult to distil out which component parts make a difference to any individual patient, and there is a need to recognise that a personalised approach will produce different outcomes for different individuals.

- a. There is currently no single tool or method that will effectively evaluate or measure all of the component parts of PCSP and so separate tools will be required to look at specific elements.
- b. Existing tools may not be specific or sensitive enough to detect the changes you are hoping to see.

### 2. *Project vs business as usual*

It's important to consider whether you are looking to learn about the best way to implement something as business as usual with a view to spreading it successfully, or whether you are looking for evidence of impact. In addition, when teams who are implementing PCSP believe they are piloting something, potentially on a temporary basis, this can influence their engagement and behaviour towards the project. It's important to be clear about which of these you want to achieve and share this with everyone involved. It's also important to be realistic about outcomes and impact, and the timeframes in which these can be achieved.

### 3. *Fidelity*

When evaluating the effect or impact of PCSP it is critical to know whether the intervention is being delivered. For example, if you are evaluating what people with long-term conditions thought about their PCSP conversation you need to know the conversation was delivered in the style and using the skills of PCSP and so fidelity checks should always be part of your evaluation plan. Suggestions around evaluation of fidelity of the PCSP process, the tools and resources to support 'preparation' and the PCSP conversation are in the Year of Care Fidelity Toolkit.

### 4. *Attribution*

PCSP is never implemented in isolation; most health and care organisations undergo regular changes and a range of other initiatives may be running in parallel to PCSP. There is a challenge therefore in evaluating the extent to which changes can be attributed to PCSP. In addition, patients live complex lives outside of healthcare and may be experiencing a range of other interventions/healthcare provision which could impact the areas you want to evaluate such as quality of life. Care should be taken when interpreting any findings to avoid over-simplified attribution of cause and effect.

### 5. *Ensuring patient feedback pertains to their experience of PCSP*

Individual patients may be receiving healthcare from a range of different professionals and services and it may be difficult for them to distinguish between these and their PCSP reviews. In addition,

depending on how different members of the healthcare team refer to PCSP (the name they give it), the term PCSP may not mean anything to patients. For further guidance see the Year of Care Qualitative Researchers' Guide.

#### 6. *Burden of measurement*

In our experience it may be best to focus on information that is already collected in the system rather than creating additional data collection burden to both patients and professionals. This is particularly relevant to patient questionnaires which sometimes become conflated with patient preparation tools and can confuse the process. They may not ask the right questions or may be so lengthy and difficult to complete that insufficient numbers will be collected to be valid and meaningful. There also needs to be a means of analysing the questionnaires and feeding this back to those who contributed to their collection. In our experience the use of questionnaires and intensive data collection can impact the joy of PCSP for both patients and practitioners. Ask the question *'what is 'enough' evaluation and how can we minimise the burden of evaluation on implementation?'*.

## Useful references

### Year of Care

Roberts, S., Eaton, S., Finch, T. *et al.* The Year of Care approach: developing a model and delivery programme for care and support planning in long-term conditions within general practice. *BMC Fam Pract* **20**, 153 (2019) <https://doi.org/10.1186/s12875-019-1042-4>

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<sup>1</sup>Leven T. House of Care Patient Experience Evaluation prepared for NHS Greater Glasgow and Clyde, January 2017. [https://www.nhsggc.org.uk/media/241019/nhsggc\\_ph\\_hoc\\_patient\\_experience\\_report\\_final\\_2017-02.pdf](https://www.nhsggc.org.uk/media/241019/nhsggc_ph_hoc_patient_experience_report_final_2017-02.pdf). Accessed Feb 2020.

<sup>1</sup>Gilmartin A., Leask C. NHS Grampian House of Care Interim Evaluation Report. April 2019. [https://committees.aberdeencity.gov.uk/documents/s98127/7.4%20Final\\_HoC\\_Interim\\_Evaluation\\_May2019%203.pdf](https://committees.aberdeencity.gov.uk/documents/s98127/7.4%20Final_HoC_Interim_Evaluation_May2019%203.pdf). Accessed Feb 2020.

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### Other organisations and publications

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King, Rowse, Blackwell (2019) Evaluating Personalised Care. NHS England NHS Improvement

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<https://www.scie.org.uk/person-centred-care/evaluating-personalised-care> accessed 07092022