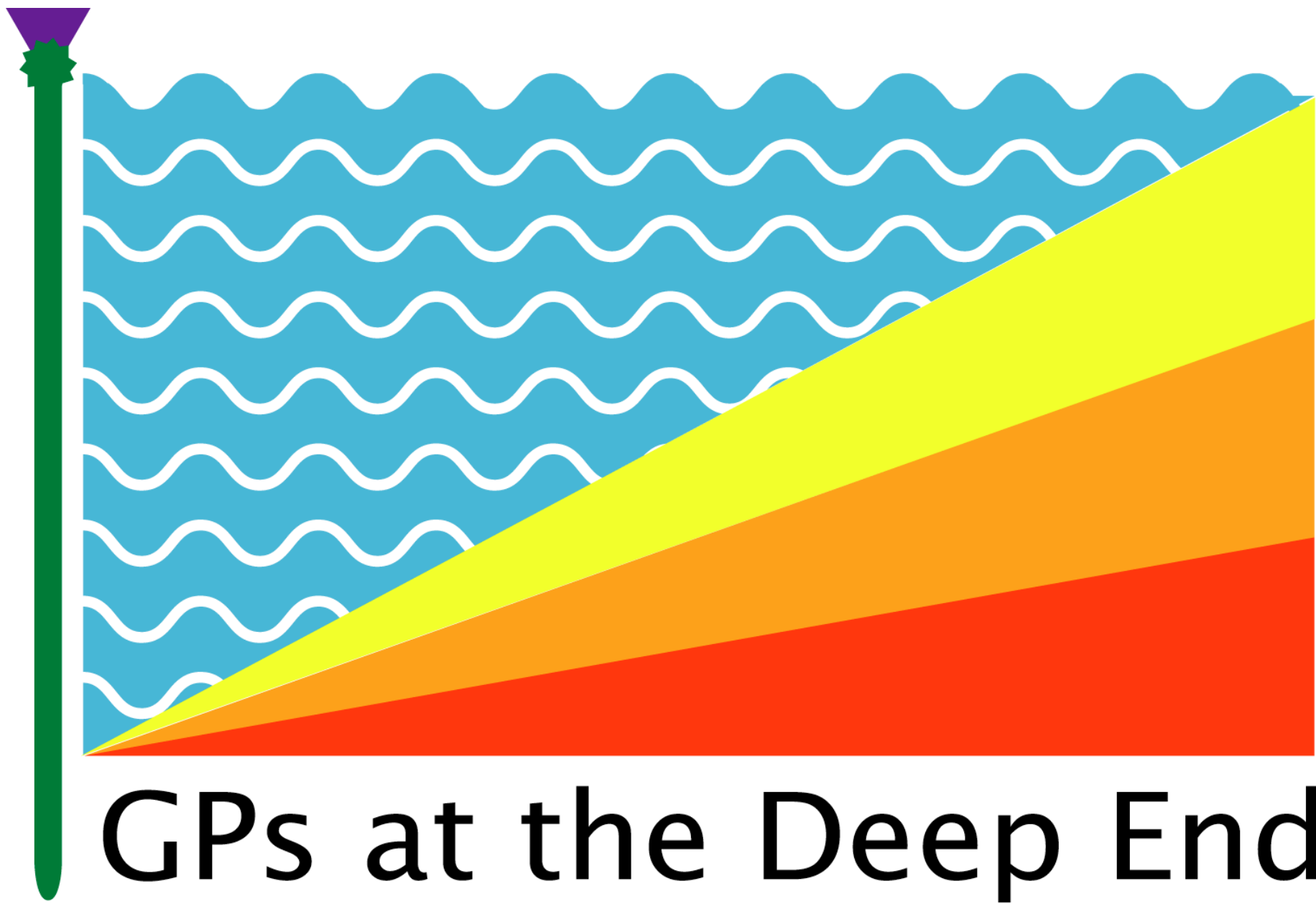
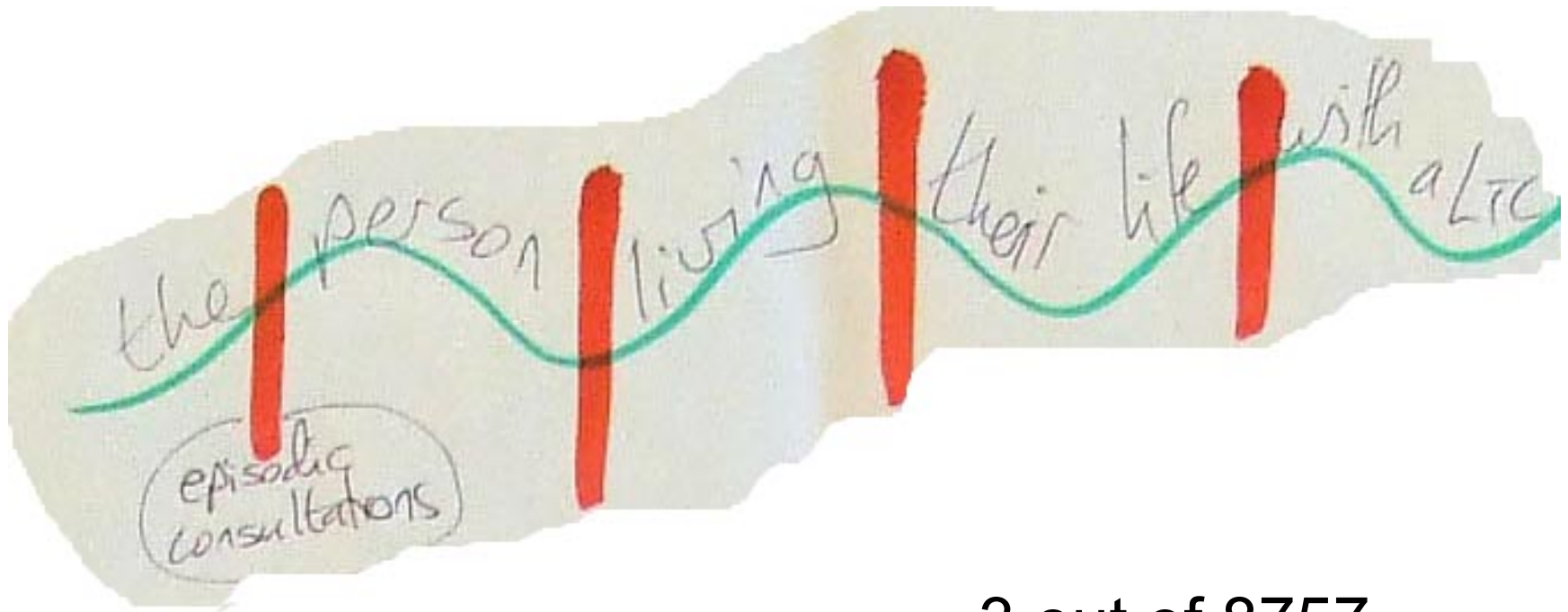


My theory of change...

- Influence matters
- Pictures speak loudly
- So do stories
- *Determinants* of health...
- People are surprising –
- People as sources of innovation and change.

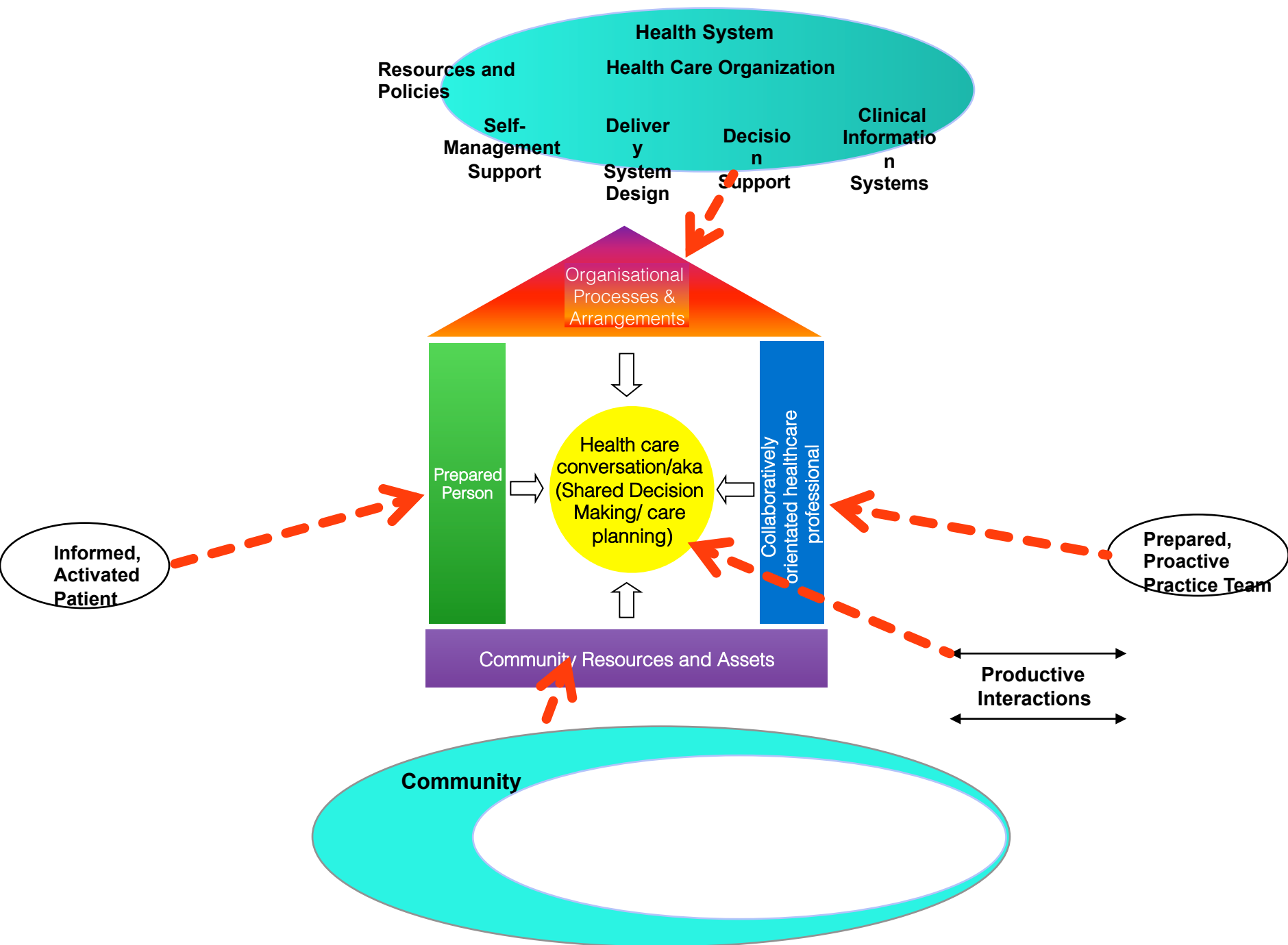


The *individual's* perspective

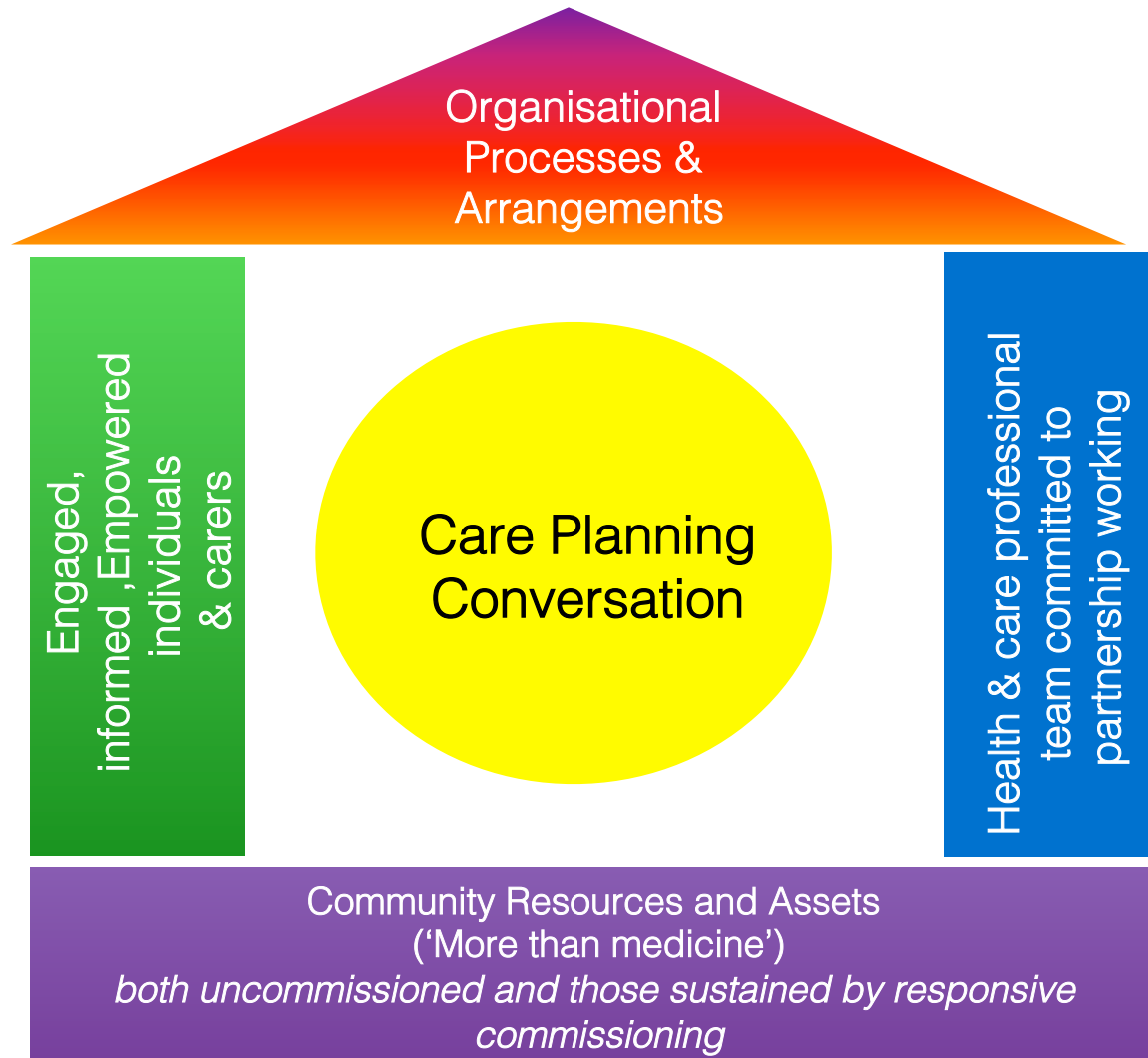


3 out of 8757
hours

or 0.03%



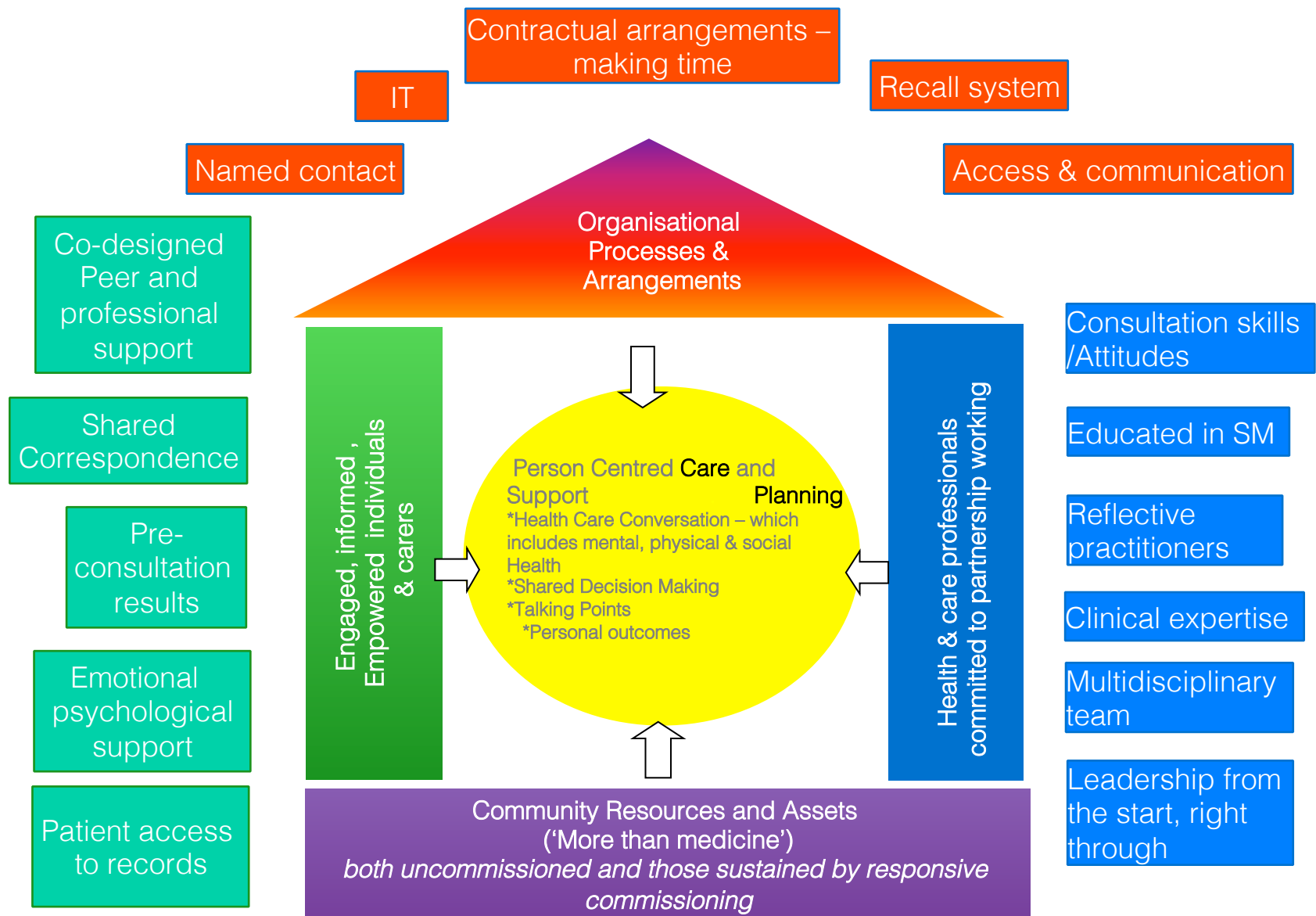
A simple draft Scottish House



Stories and the latest

- Multiple Conditions action plan
- Three ‘early adopter’ sites
 - Glasgow
 - Edinburgh
 - Dundee
- Presentation to ‘Essence of General Practice’
 - Alan McDevitt, Paul Gray, Miles Mack
- Future investment
- BHF

Components of the evaluation.....



See the whole smorgasbord of possible things we might want to know

- See which of those questions has already been answered – a.k.a check the systematic reviews and relevant existing evidence.
- See which questions haven't been answered (what elements should be considered for evaluation)
- *(we should pay attention to both process and intervention as either could be responsible for poor outcomes – this is especially true complex interventions.)*
- *Note: I think we are making the case for a change for ethical as well as effectiveness reasons – people being in the driving seat of their care is right even if it turns out to be more expensive and no more effective – but increased effectiveness would be handy!)*
- what the appropriate methods might be for exploring them, to establish what kind of beast the evaluation might be
- and then develop some outline proposals which could be worked up.
- Work out the relationships with 'local' evaluations, and with 'parallel' evaluations, like the links worker evaluation, Talking points, and no doubt others
- Prioritise these
- Seek funding.

National supports for the House of Care

'Regional supports for the House of Care

Local House of Care

Organisational
Processes &
Arrangements

Engaged, informed
individuals
& carers

Care
Planning

Health & care
professionals committed
to partnership working

Community Resources and Assets
(*'More than medicine'*)
*both uncommissioned and those sustained by
responsive commissioning*

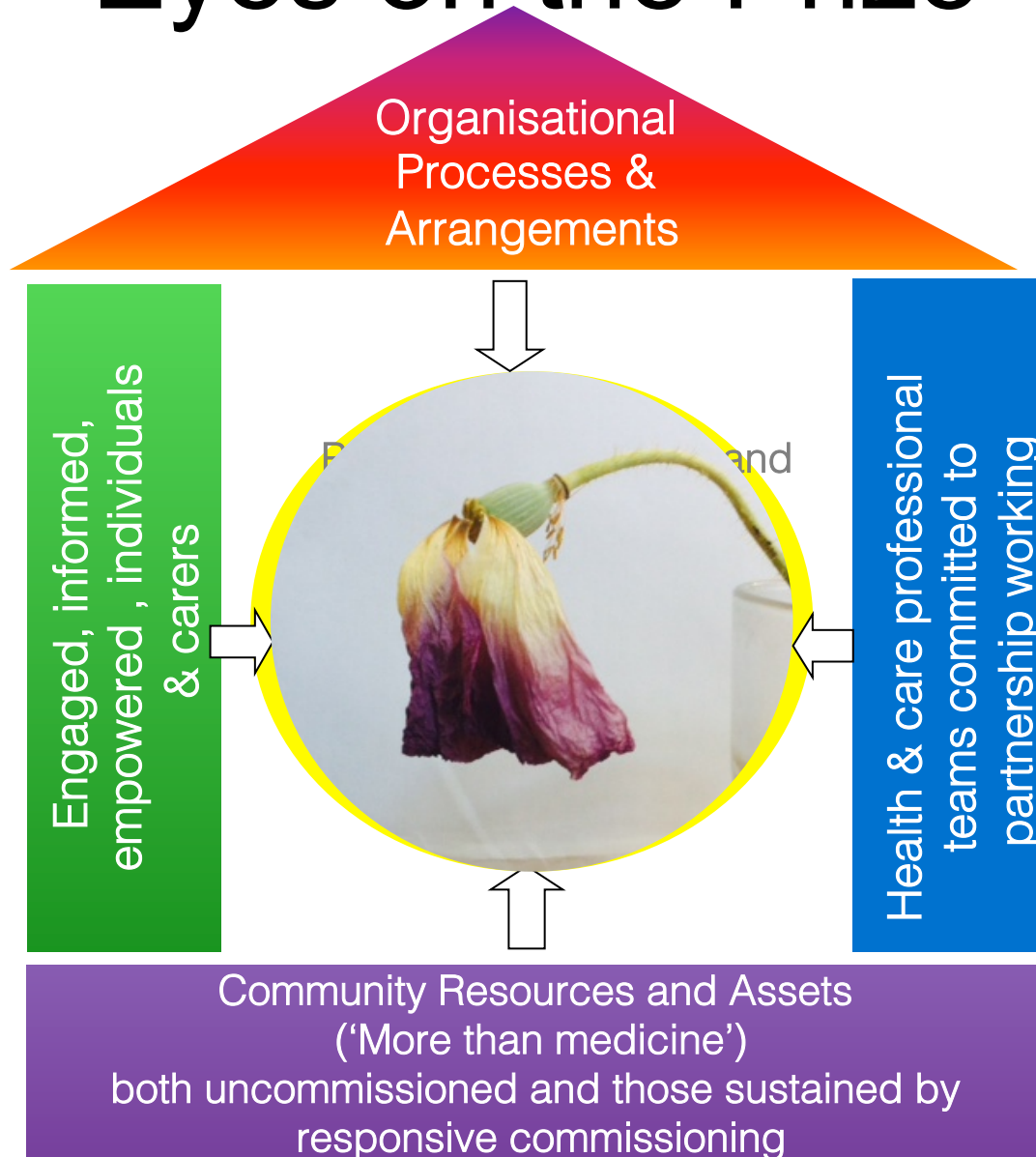
Possible
e.g.'s of
level of
things

Competence
in care
planning

Provision of
development
support for
Care
Planning
conversations

NHS
Education
Scotland
professional
bodies,
patient
groups to
develop
National
support for
programme
for Care
planning

Eyes on the Prize



How do we know?

Immediate Questions Pts 1-3

- HoC is the CCM re-drawn...what is the evidence that the CCM has improved healthcare and outcomes in the UK?
- Is there any evidence from anywhere that the CCM has reduced health inequalities or the effects of the ICL?
- How can the HoC help tackle the ICL?

Immediate Questions Pts 1-3

- How do you know how much of the different parts of the house need to change in order to reduce inequalities in health?
- I.e. is it all the walls, roof, floor and centre, or some of these?
- It may be tempting to say all...but in a world of cost-effectiveness, how would you show this, rather than say, changing one wall (e.g. patient activation)?

Immediate Questions Pts 1-3

- Would the MRC Complex Intervention Guidelines help you think through how to design and evaluate an intervention on HoC?
- It also seems there are now a lot of different HoCs...i.e. you change the words and emphasis depending on the context and level..does this not mean it can mean anything you want it to mean?
- In that case it can't really fail?

Immediate Questions err..4

- Perhaps the most important things are the values and policies that lie behind HoC.....
-which will determine where it is built and establish the level of quality of the building?

IT driven by
clinical concerns

Contractual arrangements –
well managed equal, fair
appointment slots

System
development
driven by
clinical needs

Contacts info with
surgery hours

Organisational
Processes &
Arrangements

Professionally
designed,
clinically
correct
resources

Secure,
accurate
electronic
correspondenc
e between
professionals

Test results
reliably
available at
consultation

Clear focus on
task, avoiding
issues that
cannot be
resolved.

Records
compliant with
data protection

Attentive,
compliant
Patient

Space for diagnosis
and treatment

Expert healthcare professional

Diagnostic skills

Well educated

Confident
practitioners

Clinical expertise

Clear referral
pathways to other
professionals

Leadership

List of vetted and approved community resources

Not the
House of
care!

How to make evaluation irrelevant to the policyand to the end beneficiaries

- Don't talk to the imp[lementers
- Findings a year late
- Measure the wrong the things
- Answer known questions
- Vvery long
- Lots of jargon
- Shelvr ther rreport
- Ignore the beneficiaries
- Don't ask for a logic model