

Final Report

Evaluation
of the Neuro Network Vanguard

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Executive Summary

The Walton Centre commissioned an evaluation of the implementation and governance processes of the Neuro Network Vanguard from Edge Hill University in January 2018. The evaluation addressed questions regarding how the programme was implemented, what facilitated or hindered the implementation of the Vanguard, what was the impact of the programme on staff, how did the specific context of the Walton Centre as a tertiary specialist service provider influence the implementation of the programme, and what were the lessons for other, similar programmes in the future.

The evaluation used a mixed method approach, conducting a documentary analysis of programme documents and a series of semi-structured interviews with key stakeholders (n=15).

The evaluation found that the governance arrangements of the programme were well thought through and provided a sufficiently stable, yet flexible framework for the implementation of a very diverse range of projects in the programme across two work streams. It was noted, however, that patient consultation activities mainly took place during the programme implementation phase rather than commenced at design phase.

The evaluation also found that the programme leadership and staff worked in a very challenging regional provider landscape and managed to overcome significant structural barriers to successful programme implementation. The previous lack of engagement with other providers, GPs and the CCGs in the region was repeatedly mentioned as an important factor potentially hindering programme success. There was unanimity amongst respondents that the Vanguard Programme established good working relationships and partnerships with some regional services and enhanced its reputation in the region immeasurably.

There was also a recognition amongst key stakeholders that engaging GPs remained a considerable challenge throughout the programme's life time and that this may have had an impact on the utilisation of some projects. Whilst the INNS service was singled out for praise and thought the most likely project to improve care quality for patients, it was widely acknowledged that the impact of some other projects on primary care outcomes may only be felt after the completion of the programme. Respondents also noted that the programme at times struggled to be perceived within the Trust as an integral part of the Walton Centre core provision contributing to the wider strategic vision of the Centre.

The evaluation identified a range of lessons for programme designers, programme implementers as well as for NHS England. Whilst the nature of the Neuro Network Vanguard as a programme led by a specialist provider may limit the direct replicability of the programme in other contexts, the evaluation outlined several general lessons that would be applicable to transformational change programmes in England.

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Background

In 2015 The Department of Health invited proposals for transformational change programmes around new models of care (<https://www.england.nhs.uk/new-care-models/vanguards/about-vanguards/>). The programme was commissioned by NHS England and carried significant investment. The programme funded a variety of change programmes from a diversity of provider consortia in England, amongst others, thirteen from acute service providers. One of those, The Walton Centre, following discussions with partners, submitted an expression of interest in July 2015 and was announced in September 2015. Vanguard programme sites are tasked to address the triple aims of health care, as set out in the Five Year Forward View¹: to reduce unwarranted variations in health service delivery, improve quality of care and realise efficiencies by working together with local partners to create integrated service delivery for patient populations.

The Walton Centre

The Walton Centre is a specialist service provider of neuroscience services in the North West of England. serving a population of about 3 million people. As a tertiary health care service its services are largely commissioned directly from NHS England through regional commissioning teams. The Walton Centre provides neurological, neurosurgical (incl spinal) pain and rehabilitation services. The Vanguard proposal set out a plan to ensure rapid access to high quality neurology and spinal services by establishing networks of care within Merseyside and Cheshire.

Establishment of the Vanguard Programme

Embarking on a transformational change programme such as the Vanguard was ambitious for the organisations involved. It also reflected the Walton Centre leadership's vision of its responsibility as a system leader in transforming care for neurology and spinal patients in the region.

Funding was confirmed by NHS England in May 2016 for a two year programme anticipated to complete its work by March 2018 when most of its services are supposed to become business as usual. The late commissioning of the Neuro Network as an Acute Care Collaboration Vanguard meant that there was effectively a timetable for design, implementation and completion of the programme which was one year shorter than other types of Vanguard programmes (such as Multi Specialty Community Providers – MCPs). The funder required the programme leads to provide regular updates of progress. There is also a final evaluation report to be submitted by June 2018. The funder provided training and shared learning opportunities to the leadership of the Vanguards.

¹ <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

The Neuro Network Programme

The Vanguard programme at the Walton Centre was conceived in Spring/early Summer 2015. Following announcement of the Neuro Network Vanguard, a value proposition setting out detailed funding application was submitted to NHS England in February 2016. Following confirmation of funding, the programme leads appointed relevant staff and established the requisite governance structures for the programme. The programme contained two workstreams, one in neurological services, one in spinal services. Each workstream contained a series of distinct yet interrelated projects. The neurology workstream was comprised of:

- a Nurse Advice Line (NAL),
- a Consultant Advice Line (CAL),
- an Integrated Neurology Nurse Specialists (INNS) service,
- Functional Neurology Clinics,
- a telemedicine/teleneurology project and
- a headache and seizure pathway.
- Satellite review

The spinal workstream was made up of two distinct projects:

- the backpain pathway, and
- the spinal network.

The original plans also contained a separate educational project. As this was a cross cutting theme in all the projects, it was decided to integrate this into the two workstreams rather than run it as a separate project. Details of the individual projects and the programme can be found at <https://www.england.nhs.uk/new-care-models/vanguards/care-models/acute-care-collaboration/neuro-network/>.

The Vanguard was led by the Walton Centre and operated through a partnership with other organisations. It was a collaborative programme with partners such as Clinical Commissioning Groups (CCGs), Hospital and Community Trusts, GPs and the NHS England North West Specialist Commissioning Team. The governance structure for the programme consisted of a programme board, a finance group (disbanded), an operational group, an evaluation group, and individual project groups. Each project was led by a project manager, with each workstream headed by a workstream manager. Partner organisations were invited on to the programme board and operational group which also included patient representatives. Strategic responsibility lay with the Senior Responsible Owner at the Walton Centre, and the operational responsibilities were in the hands of the Programme Director and Programme Manager.

The programme made new appointments, used some of the funding for consultancy in specific areas and also seconded staff from existing services at the Walton Centre into the Vanguard Programme. The projects themselves were a mixture of newly commissioned services and the development of existing services. Some, such as the back pain pathway, coincided with national programmes. The ultimate aim of the programme was to achieve an integrated service delivery system for neurology and spinal patients utilising a tried and tested 'hub and spoke' model.

Evaluation

The Neuro Network Vanguard was mandated by the funder to conduct an evaluation of the impact of the programme and decided to use a mix of in house and externally contracted services to deliver this. The Collaboration for Leadership in Applied Health Research and Care (CLARHC) was to act as a critical friend to the evaluation design and to provide analysis of key data around the primary outcomes, such as service utilisation rates and patient reported outcome measures. In December 2017, the Walton Centre commissioned an additional piece of evaluation from Edge Hill University to provide evidence around some of the softer programme outcomes. The remit of this evaluation was to assess the way in which the programme was implemented, to establish the views of key stakeholders in the programme on programme fidelity, programme effectiveness and programme outcomes. The evaluation was thus broadly defined as a process evaluation using a predominantly qualitative approach.

Aims and Objectives

The questions to be answered by the evaluation were:

1. How was the new service implemented?
2. What were the enablers and barriers to a successful implementation of the new service?
3. What has been the impact of the new service on professionals?
4. How did the specific context for these services influence the implementation of the new model of care?
5. What are the lessons of this implementation for other similar service implementations?

Methods

The evaluation used a mixed methods approach to answer the evaluation questions. The evaluation team conducted a documentary analysis of key programme documents, selected by the Neuro Network evaluation manager to gain an overview of the programme, to produce a programme logic and identify the specific project objectives and predefined indicators of success. The evaluation team then interviewed 15 key programme stakeholders. The sample of respondents was purposive and individuals were identified and approached by the programme evaluation lead. All interviewees were then contacted by the evaluation team to schedule an interview at a mutually convenient time and day.

The interviews were conducted over the phone (n=13) or face to face (n=2) and all respondents were briefed about the purposes of the interview and the evaluation, and asked for their consent to be interviewed and audio recorded. They were also informed that they could stop the interview at any time or ask for it not to be recorded. The interviews were guided by a semi-structured interviewing schedule and lasted between 30 and 45 mins. All interviews were audio recorded and recordings were transcribed and anonymised at the point of transcription. Transcriptions were then analysed using a thematic approach. Transcripts were fed into NVIVO and two independent raters coded all data in a first round. Codes were then categorised, double checked and emergent themes were identified.

Through discussion between the two raters, emergent themes were consolidated and double checked where necessary by consulting raw data or established coding in a second round of analysis. A final list of themes was agreed through discussion. Quotes were then retrieved from the data to evidence the themes. For the purposes of convenience and future reporting, the evaluation team produced a table detailing the themes with the relevant evidence/quotes. Themes are therefore not directly validated in the text below through verbatim quotes but are referenced in the table by domain and category. This ensures that the result section below retains a better flow and allows the evaluation team to supply the evidence in a convenient format for future reference.

Ethical review and governance

The evaluation project proposal was submitted to the Faculty Research Ethics Committee at Edge Hill University, Faculty of Health and Social Care, and it was deemed to be a service evaluation not requiring full ethical review. A letter to this effect was obtained from the Faculty Research Ethics Committee Chair.

Results

Participants

Fifteen key stakeholders were identified for interviews through discussion between programme leads and members of the evaluation team. All were approached by the programme evaluation lead at the Walton Centre and all agreed to be interviewed. One interview was conducted with three other members of staff present and was thus conducted as a group interview. Respondents in all other interviews were at strategic or management level and all had been involved substantially in the implementation of the programme.

Emergent themes are produced narratively and subsumed in the section below into 7 broad reporting categories. Each category corresponds to one section in the evidence table appended to this report. Each category contains several sub-themes which are reported separately in this result section for convenience.

The wider reporting categories (domains) are

1. General challenges of programme implementation
2. Enablers/barriers to successful implementation
3. Fidelity of programme implementation
4. Patient consultation
5. Impact of programme
6. Context dependability
7. Lessons identified

General Challenges of Programme Implementation

This section contains evidence relating to several subthemes:

- external and contingent factors impacting on programme implementation;
- governance issues;
- partnerships and relationships with other providers, and
- issues around influencing clinical practice and the coherence of the programme.

We will report on each issue in turn below.

External and contingent factors

Every transformational change programme operates within a context which influences its shape, scope and chances of success. For the NHS, the context is defined by the wider commissioning environment, the provider landscape, and delivery practices. In addition, there are fluctuations in patient demand and circumstances relating to workforce development and staff capacity which influence the implementation of a programme. In the case of the Neuro Network Vanguard, our

respondents highlighted similar external and contingent factors which were usually perceived to be outside of the programme's control.

The programme experienced some significant staff turnover which was seen as typical for the NHS and for a specialist provider with a highly skilled workforce. It was thought to have impacted on the ability of the programme leads to deliver some projects effectively in some instances. It was also noted that some staff were employed by the lead organisation and seconded to the Vanguard which enabled them to link the Vanguard and regular clinical divisions, yet, at times, also created competing priorities for some individuals. Given the enormous seasonal pressures at acute NHS trusts, it was felt that it was difficult to ensure that Vanguard work was assigned similar priority to standard operations. Staff felt that, sometimes, Vanguard programme work took a back seat. Some respondents thus felt that secondments were only useful to a limited degree, whilst others thought that secondments worked usually well under the circumstances.

The programme also encountered difficulties with external partners. Most prominently, the programme experienced some issues in implementing the spinal network. Discussions about another provider also adopting a hub role in the region potentially undercut the prospective role of the Walton Centre to be the sole regional hub with several spokes of service delivery. Equally, a key part of the spinal network changes hinged on decisions about the type of registry for procedures. Since other providers opted for another registry software, a critical component of the spinal network - the use of common clinical outcome measures and reporting - became difficult to implement. Since the Walton Centre had no influence over this decision by other organisations, this was seen as a contingent factor in the programme delivery, outside of the control of programme designers.

Governance issues

This led to conversations about challenges associated with the governance of the programme. Whilst respondents thought that programme designers got the governance structures generally right, there were some issues that could have been mitigated against early on in the programme's life time. It was commented that one of the projects (the back pain pathway) failed to set up an established project group which may have hindered to some extent the effective implementation, communication and escalation of issues to the programme leads. Several respondents also commented on the suspension of the finance group. The inability to recruit to the planned dedicated position of information specialist developing and assessing relevant evaluative metrics and mapping data collection techniques across programme partners to the evaluation strategy was repeatedly noted.

It was also noted that the role of the workstream managers was not understood or failed to be taken up by the individuals occupying the positions. It was also felt that the workstreams remained a collection of distinct projects rather than gelled into a coherent whole. This had implications for the way in which the programme operated as a unified whole and how it was perceived and communicated to other staff in the Walton Centre. It was also noted that some reporting practices diverged from the standard agreed governance structures which may have given the unhelpful impression to some staff that governance structures were there to be adapted in line with personal preferences.

Partnerships and relationships with other providers

One of the most difficult issues for any transformational change programme is how to navigate the complex landscape of multiple service providers. The Neuro Network Vanguard required establishing close working relationships with several other organisations in the region to ensure effective implementation of the projects as well as delivery of new models of care. Success of the programme was therefore partly dependent on the stability of workforces and continuity of staff in partner organisations. In addition, the Vanguard required engagement with some difficult to engage partners, such as GP practices and with some partners, such as CCGs, which were hitherto outside the purview of Walton Centre as a specialist service directly commissioned by NHS England. Respondents commented positively that the Vanguard successfully managed to link up with CCGs in the region and instituted close and robust working relationships with most district general hospitals.

However, some organisations or staff were more difficult to engage. In particular, the programme struggled to find a way to approach and communicate effectively with GPs. This had considerable consequences for the implementation of several projects that required the active collaboration of GPs, such as the INNS and nurse advice line. It was felt that the Vanguard had not (yet) managed to find a way to effectively communicate with GP practices, except those GPs who were attending the educational training programme.

Similarly, engaging emergency departments and Medical Assessment Units in hospitals proved difficult. It appeared difficult to identify who worked in those units, who best to speak with to disseminate knowledge of the programme and how best to raise awareness amongst staff in hospitals.

The difficulties of engaging GPs, and staff in Accident and Emergency Departments in hospitals, echoes the experiences of other NHS programmes. With regard to GPs, it may have been useful, respondents thought, to have a more detailed conversation with patient representatives to identify alternative ways to contact GPs.

Influencing clinical practice

One additional barrier to the successful implementation of the programme was the capacity of staff to influence change of practice in other organisations. The ability to alter professional, rule-guided behaviour in organisations other than your own, is a function of your professional status, your organisation's reputation and the partner organisation's willingness to change. The latter again is a result of various factors, such as the need for change and the level of awareness of it. A compounding factor is the need for evidence to support any recommendation to change behaviour or practice, in particular where it concerns clinical practice which is evidence based. The back pain pathway encountered specific challenges around convincing clinical staff at other hospitals to implement relevant changes. Clinicians either argued that they already did work towards the guidelines and pathway, or disputed the evidence to the contrary.

This highlights the challenges around implementing projects that require the collaboration of other organisations. It also reveals the need for careful consideration of who is tasked to communicate the need for change to other organisations' staff and how the reputation of the lead organisation may impact on the willingness of others to change. It was felt by the interviewees

that the backpain project got the level and seniority of these ambassadors for change right. A consultant with significant experience was appointed to lead the project's dissemination to other organisations. It was noted that the seniority of this member of staff may have compensated for a lack of history of engagement by the Walton Centre with some of the acute trusts in the region.

Respondents also articulated some skepticism as to the general design of the programme. They felt that the programme was often seen and also felt more like a collection of distinct projects rather than an organic whole. This may have been amplified by the failure of the work stream managers to play a more dynamic, programme shaping role as mentioned above. However, there were also some comments about whether the aims and objectives of the two work streams actually were reconciled in a meaningful way. This had implications, respondents thought, for the overall aspiration of the programme, to develop and test a new model of care. There was some uncertainty as to whether the programme could forge one single model of care out of two very disparate workstreams with different work practices. Whilst the programme designers made no claim for the programme to operate as a single model of care, staff often perceived the programme as a whole in terms of one singular model.

Whilst it was not felt that this impacted negatively on the way in which the projects were delivered and it was positively mentioned that the programme leads provided sufficient flexibility for the adaptation of projects to local circumstances, it did have repercussions for the way in which the programme was perceived by staff inside and outside the Vanguard. It appeared difficult for some key stakeholders to convey the impression that the Vanguard was a programme, logically unified around a consistent novel model of care. It was thought that the differences in patient needs and service delivery of the two relevant patient populations (neurology and spinal patients) necessitated the more varied and flexible approach in programme implementation that was actually utilised.

These comments revealed a tension at the heart of the programme between its conceptual aspiration to articulate and develop a new model of care and a programme of change improving patient care through flexible implementation processes. Respondents thought that the programme leadership took the right approach by implementing the projects in a responsive way adapting to local circumstances and working constructively with local intelligence. This however meant that some staff felt that a unified vision of a single model of care remained possibly insufficiently articulated or communicated. Since it was not the intention of the programme designers to forge a single model of care, this perception highlights some lack of understanding amongst some staff.

Enablers and Barriers to Successful Programme Implementation

This section details respondents' perceptions about the enabling and hindering factors for successful programme implementation. In contrast to the general challenges of programme implementation, enablers and barriers are structural in nature yet within the control of the programme team.

Enabling factors

Interviewees were clear that a determining factor facilitating the implementation of the programme had been strong positive leadership by the programme Senior Responsible Officer, the programme director and the programme manager. It was commented explicitly that they had provided a clear vision of the programme, coupled with a flexible and adaptable approach which allowed project managers to work in a dynamic environment and feel confident to escalate problematic issues. Respondents also noted that the programme leaders had put in place a programme structure that generally worked, and provided sufficient conflict resolution mechanisms within the programme. The programme leadership was praised for their strong vision and ambition as well as their practical focus on problem solving and use of a collaborative and collegial approach.

Barriers

There was agreement amongst most respondents that the lead organisation provided an accommodating yet at times challenging environment for the programme. Interviewees articulated some concern that the programme's vision was perhaps insufficiently communicated to other staff outside the Vanguard programme, that the programme itself may have been insufficiently embedded in the clinical divisions of the Walton Centre or that it proved difficult to insulate the programme against the seasonal pressures during the Winter months. In essence there was a feeling that the Vanguard programme remained peripheral to the core business of the Walton Centre and that, at times, competing priorities made themselves felt to the detriment of the programme delivery. Although it was positively noted that the programme director had made significant efforts to disseminate knowledge about the programme to all clinical divisions within the Walton Centre it was thought that the awareness of the programme amongst staff remained low and cross-Centre support for it continued to be fragile.

It was mentioned that other Walton Centre staff may have perceived the programme as marginal to the core business of the organisation and its long term aims and objectives were either insufficiently communicated or poorly linked into the Walton Centre core business strategy. It was also noted that this had implications for embedding programme projects into the core practices of the lead organisation, transforming the programme components into business as usual. A key barrier was to identify the right support for data collection and data analysis, ensuring financial and service sustainability after the programme came to an end.

Fidelity of Programme

The evaluation team conducted a documentary analysis of programme documents at the start of the evaluation. It produced a series of logics for the individual project components as well as for the programme as a whole. The team then compared the programme logics with comments from interview respondents to ascertain the fidelity of programme implementation.

The overall finding was that the programme had been implemented in line with the original proposal and the value proposition with only minor changes. It also became clear that the programme leadership continued to pursue most projects as planned and opted for a flexible and adaptable approach which allowed staff to be responsive to local circumstances rather than discontinuing projects where conditions became challenging. This speaks for the tenacity and ambition of the programme leadership as well as the exceptional ability of local staff to adapt to circumstances.

It was commented, however, that this also meant that some projects may have consumed energy and efforts of staff even though they had ultimately shown little progress or chance of success. Low uptake of telemedicine and difficulties with the consultant advice line were singled out for some criticism. It was acknowledged however that these projects still delivered proof of concept which may be important for future programme development.

In summary most respondents felt that the programme leadership had struck the right balance between a flexible implementation model accommodating challenges through reasonable alterations to the original blueprint, and insistence on fidelity with the broader programme setup.

Patient Consultation

Patient engagement activities may range from patient consultations to full co-production of services. There is a consensus amongst programme managers and designers that comprehensive co-production of services remains an aspiration rather than a reality. Whilst there are some good examples of co-produced services, co-production in those instances rarely extends all the way from the design stage to service implementation, service delivery, service audit and review. One important barrier to the successful utilisation of patient involvement in service design is, according to the literature, that organisations need to know which questions to ask. It then remains difficult to translate the answers patients give into organisational priorities and map patient experiences onto service delivery structures.

Respondents in our interviews were clear that the programme staff undertook enormous efforts to involve patients and patient representatives in a meaningful way during the implementation period. They were also adamant that patient views had some influence on the way in which services and projects had been implemented. There was however also a strong consensus amongst respondents that the programme had been designed without effective patient involvement due to the extremely short time lead period between invitation to bid and the submission of a proposal to NHS England. It was felt that the nature of patient involvement throughout patient consultation exercises of the Vanguard was approximating the model of consultation rather than genuine co-production. However, it was mentioned that the programme had accumulated a considerable amount of expertise and knowledge during the patient

consultations, which allowed staff to ask the right questions in future and may lead to genuine co-production of services in some areas.

An additional challenge to genuine co-production was also mentioned by respondents. The programme was perceived as thoroughly medically focused, which resisted easy translation into patient concerns and perspectives. One aspect of this was around terminology and language and how programme designers and managers could ensure that members of the public could understand and meaningfully contribute to debates around service structures and their delivery.

Respondents also acknowledged that the two workstreams were targeted at different patient populations, each having different patient concerns. There was also a recognition that spinal patients were a less homogenous group in terms of patient needs, with less developed patient support groups. This posed a problem to programme and project managers when it came to draw on existing support networks for patient consultation exercises or patient involvement in programme design.

It was widely accepted amongst respondents however that the programme had formulated a programme vision and value proposition with a notion of patient needs at the centre and had generally run excellent patient engagement activities.

Impact

The interviews gathered a considerable amount of evidence relating to the views and perceptions of respondents on the impact of the programme. There were six sub themes that emerged through analysis of transcribed interviews where impact has been perceived as significant. They were impact on staff, impact on patients, effects of the programme on health care systems, consequences of programme activities on care outcomes as perceived by our respondents, remarks about the sustainability of services and projects, and comments on how the programme was evaluated. We will report each subtheme in turn below with relevant evidence referenced in the evidence table attached.

Impact on Staff

There were two broad subject matters that respondents explored as to the impact of the programme on staff. Firstly, they noted the difficulty of the programme to change clinical practice effectively and the challenge of influencing staff to take account of the programme's objectives in standard practice. This related to staff within as well as outside the lead organisation and revealed some important insights into how to effectively disseminate knowledge and awareness about novel practices or ways of working. It also highlighted the need for evidence based arguments vis-à-vis other clinical staff and the depth and quality of evidence required to influence decision makers in other organisations. It also, secondly, concerned the way in which the programme 'landed' within the lead organisation, how it accommodated or disrupted existing relationships and how it attempted to transform current work practice. The first aspect of impact on staff thus was pertinent to issues of leverage and capacity to transform, whereas the second aspect disclosed the link between the programme ambition for change and its position within the Walton Centre.

For the first domain, respondents noted that the Walton Centre worked under difficult circumstances given its specialist position within the provider landscape and thus at the beginning lacked the relationships with other health care organisations, especially the CCGs, or were perceived as competitors by other hospital trusts. Interviewees agreed that the Vanguard achieved an enormous amount of progress in creating from scratch very effective partnerships with other organisations, and the newly created links with the CCGs were singled out for special praise.

Respondents also noted that some of the relationships were necessarily fragile being forged with individuals and colleagues in other organisations and given the lack of history of engagement with them. This also, so some respondents thought, may have limited the ability of the Vanguard to leverage other health care providers to change referral practices or to create truly collaborative relationships. It was commented that robust relationships between partners were usually required to transform Vanguard activities into business as usual and to further embed and advance projects in the regional health care provision. Where relationships were more fragile or tenuous, this was seen as insufficiently strong to introduce lasting change to the benefit of patients.

The second aspect concerned the ability of Vanguard staff to formulate a coherent programme vision, to communicate this to staff at the lead organisation and to articulate a consistent message of change to other Walton Centre staff. The interviews revealed a unanimous view that the Vanguard leadership undertook enormous efforts to disseminate the Vanguard programme vision to staff at the Walton Centre but may have struggled to gain their understanding of how service innovation piloted through the projects should and would become part of regular service delivery. It was mentioned that this may have been because the Walton Centre had little experience in transformational change programmes, and thus lacked the expertise on how to implement change, embed it in the lead organisation and marshal effective and strong support for it from Trust staff outside those directly involved. This linked strongly with comments by one individual as to a possibly beneficial different governance arrangement where the leads of the clinical divisions could have been invited to the programme board to ensure their awareness and ongoing support for the programme.

Impact on Patients

The interviews generated a lot of data on the views of respondents with regard to the programme's impact on patients and their care. There was a strong consensus amongst interviewees that one specific project, the Integrated Neurology Nurse Specialists (INNS), had a significant effect on patient care. Respondents also thought that INNS were the project most likely to show significant financial gain, considerable improvements to patient care and possibly the realisation of efficiencies over time. It was also felt that hard evidence of positive patient outcomes was easier to produce for the INNS service than for other programme projects. There were some comments that the Nurse Advice Line (NAL) may also be yielding some evidence of a positive impact on patient care over time.

Most respondents felt that it would be difficult to demonstrate similar gains in efficiencies or patient care quality improvements for other projects in the Vanguard. The reasons were manifold but ranged from 'too short a timeline' to capture effects on service delivery outcomes to insufficient utilisation of some project services to calculate impact. There was also a view amongst some respondents that it was difficult to assess the overall impact of a diverse programme such as

the Neuro Network Vanguard and that additional work had to be done to evidence the possible effect of the programme to make the system as a whole more responsive to patient demands and patient needs. There was some skepticism that the way in which the evaluation was currently set up would be adequate to measure the overall system impact of the programme.

Impact on Health Care Systems

Interviewees were resolute in their opinion that the Vanguard programme had a positive effect on the reputation of the lead organisation in the region. They argued that it had increased the visibility and substantially improved the relationships of the Walton Centre vis-à-vis other health care organisations in the area.

The programme's impact however positively extended beyond the immediate visibility of the lead organisation and, when prompted, respondents articulated a more ambivalent view on the Centre's ability to influence the system's challenges.

It was felt by some respondents that the potential of the Vanguard to impact health care delivery patterns was a function mainly of the perceptions of strategic and operational staff in partner organisations as to how collaboration would benefit them and their organisation. It was also mentioned that the Vanguard's capacity to influence others may be a reflection of other organisations' views as to whether the programme would mitigate their most pressing demand problems. Where it did, partner organisations were willing to cooperate, where it was thought peripheral to their service pressures, the Vanguard struggled to elicit support and collaboration.

Within this interpretative framework of potential gains and benefits, it was also commented that the individual projects landed differently in different partner organisations, evoking different responses. Where projects were perceived as bringing about positive improvements due to low baselines in patient care or service delivery, partner organisations were willing to engage. Where partner organisations were convinced that projects would bring little improvement in patient care mainly due to high care quality anyway, partner organisations were more reluctant to get involved.

There was also a clearly articulated view amongst respondents that many regional providers lacked an understanding of the purpose and potential impact of the Vanguard even some time into the programme's life time. It was felt that the programme staff may not have demonstrated clearly the potential to improve patient care and how this would matter to other providers.

Impact on Care Outcomes

Respondents were keen to discuss the potential for measuring patient outcomes of the programme and how it could be facilitated. There was a strong consensus amongst the majority of interviewees that it may be difficult to demonstrate the financial impact of the programme as a whole. In their opinion this was due to a range of factors, some extraneous and others in the control of the programme. With regard to the latter aspect, respondents thought that there was a lack of knowledge regarding data sharing and data harmonisation across providers amongst programme staff. Data sharing practices were thought to be insufficiently robust to ensure effective monitoring of relevant patient data. In particular, a lack of deeper understanding by

programme staff of routine data capture practices amongst other providers, how they diverged and how this would impact on measuring progress was repeatedly mentioned.

With regard to the challenges internal to the programme, it was argued that metrics development, and mapping them against programme objectives took place quite late in the programme and staff struggled to reconcile this process with routine data collection patterns in partner organisations. Several respondents mentioned that success in recruiting an information specialist may have alleviated this difficulty.

Sustainability

Ensuring the sustainability was seen as critical to protecting the impact of the programme in the long term. Respondents thought it was difficult to see all individual projects becoming business as usual, even though they strongly supported such a move. Respondents were also skeptical as to the sustainability of the programme as a whole, and whether the issue of financial sustainability of the programme was sufficiently addressed and progressed with commissioners.

Some thought this reflected the actual nature of the programme, seeing it as a collection of discrete projects within two separate workstreams. In their opinion, it was therefore right and proper to anticipate that projects were assessed on a case by case basis. There were some voices who supported the view that sustainability should have been an assumption for all projects. However, most respondents endorsed a more pragmatic perspective which left room for examining the value of projects on an individual basis and judging their ability to become business as usual one by one.

Some respondents also noted that there was a fundamental tension between the main location of the programme's investment (at the Walton Centre) and most of the gains being realised further downstream within other services. This was deemed to have some impact on discussions about sustainability of programme components and should have been factored into the value proposition and programme financial plans. In general, there was agreement that whilst meetings were held with divisional directors, it appears that firm plans regarding transforming projects into business as usual were formulated quite late in the programme's lifetime.

Programme evaluation processes

Respondents highlighted one more aspect of the way in which the programme setup influenced the programme's outcomes. They pointed to the key role of evaluation in assessing the programme's capacity to introduce lasting change. Respondents stressed that the development of metrics, the identification of suitable indicators and requisite measures to assess progress were critical to programme evaluation. There was some concern that metrics development happened quite late in the programme and was not adequately resourced at all stages. Some hinted at a lack of understanding of the complexity of the issue and a shortage of expertise in this area available to the programme leadership. Prior testing of metrics, so it was thought, may have mitigated some of the potential risks to successful programme evaluation if it had taken place early enough. In addition, the inability to recruit a data analyst and the subsequent delay in data analysis until

support from the Commissioning Support Unit (CSU) materialised, had a long term impact on the way in which the programme could be evaluated.

The case of spinal injections may serve as a useful example of the complexity of data gathering and evaluation. One respondent argued that, though there was confidence that the back pain pathway had changed clinical practice of some clinicians in the region, it would be difficult to disentangle the effect of the backpain pathway in the data from the effect of the introduction of relevant NICE guidelines. The collection of primary outcome data may be insufficiently sensitive to attribute improvements in clinical practice to one or the other causes.

There was also a view that most metrics were clinically defined which reflected the medical thrust of the programme and a clear focus on patient care outcomes. Whilst this was not the case for project level outcomes which included a significant number of patient level outcomes, there was a perception, probably gained through a view of the NHS England Dashboard, that medical outcomes dominated. Some staff felt, that this may have diminished the potential to identify impacts of the programme on wider health systems which, again, demonstrated a disproportionate emphasis on individual projects rather than the programme as a coherent and unified transformational change programme.

Context dependability

The evaluation was tasked to identify factors that indicated the context dependability of the way in which the programme was implemented in order to assess its replicability for other sites and similar future programmes. One respondent expressed confidence that there was strong interest among other specialist providers in England in what the Neuro Network Vanguard did, how it did it and how it could be potentially transposed to other similar contexts, such as tertiary provider led change programmes.

There was however also a strong feeling amongst respondents that the Neuro Network Vanguard was unusual in its position as a change programme initiated by a specialist provider and there was therefore little potential of replicability for others. What was more promising were experiences of Vanguard programme staff regarding how they dealt with generic challenges of change programmes. The main issues in this respect related to difficulties in engaging GPs and hospital staff, as well as the relationship between Walton Centre and other providers in the region. Drawing out the lessons from the Vanguard on these issues was seen as a critical component for possible shared learning.

Lessons

The evaluation proposal contained a task to distil the lessons learned from the programme through interviews with key stakeholders. The interviews revealed four domains which were of central importance in the opinion of respondents. The first domain related to the way in which shared learning was operationalised and embedded in the programme itself. Second, there were some lessons for programme designers. Third, there were lessons for those tasked to implement programmes like the Neuro Network Vanguard. And last, there were some lessons for NHS England which may have some application to other Vanguard sites.

Shared lesson processes

Maximising learning across programme staff is a key factor for rapid dissemination of programme knowledge, sharing of expertise and experiences and promoting a sense of participation in, and ownership of, the programme. Respondents thought that the programme at times underestimated the potential effects robust shared learning processes could have on increasing mutual understanding between by and large discrete projects. It was noted that there was no formal process in place to enhance shared learning across programme components and it was felt that projects thus laboured at times in isolation from each other. Several respondents felt that this represented a missed opportunity to maximise cross-fertilisation of knowledge, even though there were fortnightly team meetings at which cross project issues and lessons learned were discussed. It appears that the main mechanism to share learning was informal, rather than built into the programme's DNA. This may have contributed to a failure to create a sense of reciprocity and belonging to a unified integrated programme. The impression of silo working was mentioned repeatedly, despite the collegiate set up and governance structure of the programme.

Lessons for Programme Designers

There was a series of lessons that respondents pointed out for future programme designers, inevitably with the benefit of hindsight afforded to them. The first aspect was that the programme articulated but struggled to continuously and consistently convey a vision of purpose for the programme as a whole rather than its parts. It was acknowledged that the programme leadership had identified a useful formula for the programme vision by stating to create a service that kept patients healthy outside hospital and in the community. However, in the view of the interviewees, it was not clear how this formula was operationalised in various components as an organic whole. Some respondents also thought the difficulty of grasping the programme as a unified whole was replicated by other organisations looking in and exacerbated problems in eliciting positive collaborative responses from partner organisations. As mentioned it was not an objective of programme designers to impose a single model of care onto the two workstreams, but rather a perception by some staff.

This issue appeared for some respondents to be linked to the role of work stream managers, their ability to create integrated and sensibly fused workstreams and to strategically connect the two workstreams together. It was thought that work stream managers had been unable to do this which again, influenced the way in which the two programme workstreams were perceived by staff as largely separate entities, which they were supposed to be. This tied in with issues around

an effective communication plan and strategy to create internal cohesion as well as conveying the programme powerfully to other staff at the Walton Centre.

Whether this programme had a coherent rationale that bound the individual projects and workstreams together was echoed in some comments wondering if programme designers had sufficient intelligence and relevant data during project design and selection. It was felt that there may have been some opportunism when decisions were made about which projects to include in the programme.

This linked in with concerns amongst some respondents that the speed with which moneys had to be spent, as directed by NHS England, impacted on the feasibility of projects, the way in which they were implemented and their potential to succeed. In particular, the telemedicine project was singled out for some critical remarks where a broader based assessment could have led to different selection of sites in some circumstances. Since utilisation of the service remained low, these discussions may have made a difference to the impact of the project.

Lessons for implementation

Respondents generally acknowledged the enormous challenges for all programme staff and in particular for the leadership in creating a viable programme plan and implementing it within an extremely tight timetable. They recognised the extraordinary efforts of the programme leadership and staff to embed the programme in robust and lasting partnerships in the region. There was also however a sense that programme vision, consensus around this vision and enduring relationships with other providers required a long term effort, continuing investment in resources and capacity and that neither of these were available to the programme. There were some ideas that respondents voiced which may have improved programme working practices, such as co-locating programme staff with operational teams, but there was a general acceptance amongst interviewees that long term goals required long term perspectives and that the turnaround time for the programme was simply too short for this.

Lessons for NHS England

Respondents were adamant that NHS England could have assisted more in several respects to mitigate some of the challenges and risks to the programme. There was a sense that NHS England did not provide sufficient training and information around some of the transfer to business as usual and how to create sustainability. There was also a feeling that NHS England never articulated a coherent rationale for the purpose of the Vanguard Programme as a whole beyond the notion of new models of care. It was felt that there was a lack of information about how the programmes fit into the wider transformation agenda and what they could contribute to the changes outlined in the Five Year Forward Review and how.

There were also some critical comments about the funding system, which created some pressures to implement projects quickly, due to the fact that moneys had to be spent just after programme funding approval.

Discussion

The discussion section below will focus on a select number of issues cutting across some of the themes and issues identified above. Since the themes are individually evidenced in the Results section, the discussion will not contain references to the evidence table.

An important element of any change programme in health care services is governance. The respondents were generally complimentary about the arranged governance structures and the evaluation found that, by and large, governance was implemented as planned. It was however noted that one project deviated from the governance arrangements by not having an established project team with requisite team meetings. The evidence from the evaluation interview data was not sufficiently saturated to draw any firm conclusions about the reasons for this, but it seemed that there may be some additional useful lessons for future programme planners. Particularly, it may be of interest to see whether the way in which the project was run and external partners were identified and approached, may be associated with the lead individual tasked with the implementation of the project. There may be lessons about professional status, credibility and expertise that have not been uncovered yet but influenced project management and project delivery.

There were also some comments about the divided nature of the programme with two workstreams running largely side by side. This clearly had some spill over effect into the way in which the programme was perceived, how it was communicated and how Vanguard staff constructed their notion of programme ownership. It appears that most governance activity and motivational processes by staff centred on individual projects. The projects appear to have been the engine rooms of the programme and the sources for programme legitimacy. This prefigured the space for programme activities around the communication strategy vis-à-vis staff within the Walton Centre as well as staff in partner organisations. It may also have preconditioned the way in which the programme's transfer from Vanguard to business as usual is likely to occur, with a case by case assessment of sustainability of projects.

The fact that individual projects have been the focal point for programme development and programme implementation, at the possible expense of overall programme logics, may have influenced the way in which staff allegiances to the programme were constructed and justified. This may have impacted on the way in which Vanguard staff communicated and disseminated knowledge about the programme within the Walton Centre. However, there was insufficient evidence to validate this issue further.

A key factor of success for any programme working with partner organisations is the scope, depth and quality of the partnerships entered. Given the heterogeneity of the programme with various projects collaborating with different external partners, it was difficult to distil generalisable messages that have applicability across all programme components. However, it appears that project management ran up against some issues that may have salience for wider programme management.

First, it was noted that several projects struggled to engage effectively some types of partners in the region, in particular GPs. It also transpired that some providers were ultimately not in a position to follow up on project opportunities that the programme offered or felt unable to proceed for contingent reasons. It may have been useful to assess rigorously the viability of

potential partners to deliver prior to entering partnerships. This included a risk assessment of the possibility of staff changes in those organisations and the dependability of partnerships on specific staff. Data sharing is a critical part of the partnership agreements and it may have been beneficial to pilot data sharing processes as part of assessing potential risks to delivery. Ultimately, it may be useful to formulate alternative plans, or an exit strategy for individual projects, if certain requirements were not met. Discontinuing a project would have of course implications for funding and would have to be justified to NHS England.

It may however permit staff to focus attention and resources on projects that are likely to succeed and have potentially a high impact. Much depends with regard to exit strategies on the overall objective of the programme. If the purpose of the Vanguard was to demonstrate proof of concept, closing a project may be unwarranted. However, if project success is benchmarked by evidencing the effect of a project on patient outcomes, project discontinuation may be a useful way to relocate tight resources.

Changing work practices is a core delivery element of any transformational change programme such as the Vanguard. Rigorously assessing the capacity and willingness of the lead as well as of partner organisations to change should help making an informed judgement about the ability to deliver.

This includes examining the potential of the lead organisation to effectively influence external partners in making the relevant changes and how to support them in this. It includes considerations about leverage, capacity to change and capacity to influence. This extends all the way down the list of delivery issues, ranging from organisational relationships to the minutiae of data sharing and routine data collection practices. There was a feeling amongst respondents that the programme operated on the basis of some general assumptions about the ability of the programme to influence other organisations through the sheer force of good will, or by virtue of the programme's good intentions and potential benefits to patients. It may have been useful to explore in more detail weak systemic links in partnerships and possible stumbling blocks for project delivery. This would entail detailed discussions with operational and strategic staff in partner organisations as well as within the Walton Centre. Whilst difficult, these discussions may have resulted in a more realistic assessment about project delivery and, ultimately, to a re-assessment of some projects' viability.

The interviews generated a considerable amount of evidence as to the nature of the programme, the relationship between the two workstreams and whether or not it was a programme of change or a pilot programme testing the feasibility of different care delivery modes. This linked with significant skepticism as to whether the programme was a unified whole and how to communicate it to a wider audience at Walton Centre. It appears that most Vanguard project managers had decided to promote and justify the programme on the grounds of the benefits and advantages of their own specific project whilst maintaining that it fits into a wider whole, improving patient care. There were however few activities that actively tried to bind the various projects and the two workstreams together above and beyond a belief that governance arrangements, such as the programme board, would provide coherence to disparate programme components and ensure effective reporting. This may have led programme leads to underestimate the potency of shared learning for staff across projects. Sharing lessons and exchange of opinions across Vanguard staff may have been particularly useful where specific projects faced similar challenges such as patient involvement, engaging partners in community provision or may have supported the development of a common sense of ownership across programme staff.

The programme was anticipated to deliver changes to service delivery through the development and testing of a model of care, defined as a satellite or hub and spoke model of acute and community service provision. Respondents clearly articulated some doubts as to the programme's ability to produce robust evidence of patient care improvement within the extremely tight timetable. This skeptical view is supported by international evidence which speaks of a five to eight year cycle for efficiencies to be realised in similar contexts. The issue about the programme's ability to demonstrate efficiencies or impact on patient care has implications for the definition of the programme, its purpose and its perception by staff and how the programme is communicated to others. It also shapes expectations of success or failure.

Demonstrating effectiveness of projects also relates to the ability of the programme to institute robust data collection procedures, data sharing agreements with partners and identify suitable indicators reflecting primary and secondary outcome measures. There was a feeling amongst respondents that it would have helped if additional resources would have been made available to ensure appropriate metrics were developed and tested prior to programme or project commencement. The identification and testing of metrics were perceived by respondents as a critical factor for demonstrating programme success to funders.

Conclusion

The evaluation collected a considerable amount of data on how key stakeholders perceived the programme and its implementation. There was generally an agreement that the programme had been implemented well and that the programme SRO, programme director and programme manager had provided excellent leadership throughout the programme's life time. There was also a broad consensus amongst interviewees that the programme's governance arrangements were by and large appropriate and worked well.

Overall, respondents thought that the programme provided a responsive and sufficiently flexible framework for a range of diverse projects which allowed programme staff to implement individual programme components accommodating local circumstances and contingent conditions.

There was also strong agreement amongst respondents that the INNS project was the most likely programme component to generate robust evidence of positive impact on patient care and possibly realise efficiencies. For other projects, whilst there was confidence that the programme demonstrated the feasibility of most projects, there was a view that the programme duration was too short to allow potential impact to materialise or to be rigorously evidenced.

Respondents however were unanimous in thinking that the programme had enhanced the reputation and standing of the lead organisation, the Walton Centre, and improved immeasurably its relationships with other providers in the region.

The programme also encountered some significant challenges which were clearly identified by interview respondents. Engagement with some partners and partner organisations proved difficult at times and may have impacted on the delivery of some projects, leading to a realistic reassessment of the programme's aspirations. General practitioners and some hospital departments (in other providers) proved problematic to involve, which echoes similar past experiences of organisational change programmes in the literature.

There was also a sense amongst respondents that the programme itself found it difficult to articulate a coherent vision of a unified programme and to communicate this effectively to staff inside the lead organisation as well as to external partners. This reflected a lack of shared learning opportunities across programme components as well as the general view for interviewed members of staff that the individual projects were the engine rooms of the programme and the original sources for programme legitimacy and focus of staff motivation and allegiance. This may have influenced the way in which sustainability processes were conceived by project staff as well as the programme leadership, further fracturing programme plans to established business as usual practices on a case by case basis for individual projects. Whilst this represents the most sensible way forward under the circumstances, it may reflect modified expectations about the sustainability of the programme as a whole.

Limitations of the evaluation

Due to its short delivery timeline the evaluation used only project documents and interviews with key stakeholders to generate evidence to answer the evaluation questions. There are several limitations that result from this. Firstly, the recruitment process restricted the evaluation team to those key stakeholders which were actively involved and positively engaged with the programme. This may have led to undue emphasis in the opinions of those who were closely involved with the programme, and produced an undue reliance on their views at the expense of other staff who had less intensive involvement and who may have provided a different perspective.

The tight timetable for delivery also meant that the evaluation team was not able to apply a more structured framework when analysing the data. In particular, the use of RE-AIM or a programme matrix approach may have been useful to distil more generalisable lessons for future programme leaders.

Lastly, the evaluation was not able to build up a picture of before and after of the implementation process through conducting interviews at the start of the implementation process to chart the development and change in stakeholder views over time. Programme implementations are dynamic processes which snapshot evaluations struggle to capture adequately. We tried to mitigate this risk by conducting an initial documentary analysis which provided us with some information and data on the original plans and aspirations of the programme.

Evidence Table

Section	Domain	Theme	Evidence/ Quotes
Implementation	General difficulties	Staff turnover	<p>'There were a couple of projects that lagged behind a little bit in terms of their implementation but that was predominantly staffing issues and again, when you're delivering a service that's quite a specialist service and you've got staff sickness etc., part of that is obviously outside of the project's control'</p> <p>'It took us a while to get to know who to get to in the CCGs, because they have got very strange job roles, titles. And you are never quite sure and they don't really stay around too long, so you think you have made a contact and then you have to do it again.'</p>
		Competing priorities	<p>'I do think there was leadership, but I think there was too many competing priorities.'</p>
		Shared workforce (secondments)	<p>'Your headspace needs to be very different [for the Vanguard] and sometimes you were pulled between the two and that caused difficulties'</p> <p>'It's been difficult to find a balance in terms of the challenges in balancing your day job with being part of vanguard, that proved difficult at times.'</p>
		Spinal network challenges	<p>'they had decided that there would be two Hubs in Cheshire and Merseyside, which would be the Walton Centre and the [hospital], which meant that engagement with the [hospital] was kind of null and void because they considered themselves their own Hub'</p> <p>'At first we were going to use Spine Tango, but again, because of the Getting it Right First Time project, they went with the British Spine Registry, because that is what GIRFT were promoting'</p>
		Governance issues	<p>'I think because the [project] didn't have a recognised project group, made the mobilisation quite difficult and fairly loose in its governance'</p> <p>'I think there was a recognition as the project went on that potentially some of the outcomes and some of the deliverables are now starting to happen quite late on in the project and maybe some of that planning phase and some of the early work, we really needed to understand some of the intelligence and some of the finance and some of the background information in a little bit more detail'</p> <p>There were two work stream managers, the programme manager and her support, there</p>

			<p>were two of those, there was one before [name 3]. I think there were a number of project managers within the team, which meant that I didn't know who was working on what.</p> <p>'[It's] again down to personalities, you had some of the Project Managers: oh I don't like that work stream manager, so can I report directly to the Director and that was agreed.'</p> <p>'I think the programme/project could have been better embedded into the Divisions.'</p> <p>'It have been more beneficial to have just one person out of the division supporting the vanguard link to the other potentially'</p> <p>'When you bring in service improvement teams, that they sit separate to the department, people things are being done to them. I don't think that people felt like this here but just generally, if you want to do change, do it from the people, do it with the people in the team, go a bit native if you will.'</p>
		<p>Partnerships and relationships with other providers</p>	<p>'GPs were much harder to engage on with this, much, much harder, very hard to get appointments, very hard to get to see the right people, others much easier. And when it was a question of how to get it out to the GPs, I was struck by how there didn't seem to be any clear way of doing that.'</p> <p>'I think GP's requirement to, kind of, learning and teaching opportunities have declined significantly, so I reckon that engagement and getting that opportunity to speak to them directly to promote the Consultant Advice Line has been extremely difficult.'</p> <p>'[Patients] could usefully have that information about the consultant advice line to pass to the GP when they were meeting with their GP, and say, well if you are not sure what to do ring this number.'</p> <p>'There was a lot of work in contacting the clinical leads for A&E and what we call MAU, Medical Admission Units, in each hospital. Not always easy to find out who these people are, then contact them and then say can I come along and talk to you about this.'</p> <p>'I think the influence on Clinical Commissioning Groups has been fantastic'</p>

	Influencing medical practice	<p>'A lot of these departments, indeed all of them, believed they were already doing this; but it was absolutely clear from the audits that they weren't. So we were actually able to show them the figures from their own department and say actually you are not doing this, because of the people coming to your hospital with a seizure, only 30% of them are appearing in neurology clinics subsequently. To some extent, there was a disconnect between what they believed they were doing and what was actually happening.'</p> <p>'So we talked about the programmes [to others], but it was very much about, oh that doesn't really involve us, so therefore we are not really interested.'</p>
	Coherence of programme components	<p>'I think from my perspective, both the neurology element and the spinal were obviously 2 very distinctive projects'</p> <p>'There's been a recognition that there's not a, kind of, one size fits all in terms of what a model of care for a particular system may actually look like.'</p> <p>'I didn't feel it was gelled very well between the two work streams. They were working quite in a silo, which I found quite difficult.'</p> <p>'I think the Nurse Advice Line and the INNS project have worked quite closely together, just because really we have the Nurse Advice Line, so they've had to link, really.'</p>
Enablers	Strong programme objective	<p>'There was a lot of communication that happened internally, ... the team worked really hard to get out to people.'</p> <p>'Externally, the support, the engagement, the success of the programme is looked upon very, very positively.'</p>
Barriers	<p>Walton Centre – lead organisation</p> <p>Competing priorities within WC</p>	<p>'The only thing, ..., calling it the vanguard project, creates a little separation from it being the neurology service.'</p> <p>But I felt that we weren't looked upon as a priority [within Walton Centre].</p> <p>'You've got to engage with those sub-specialities, whether it be the nurses or the consultants, you've got to get that element right and I don't necessarily think that we did at the beginning.'</p>

	Seasonal priorities WC (winter pressures)	<p>'So, for example, from September to March you are not really going to get people coming and sitting round for a two/ three hour meeting because obviously there are competing priorities for themselves.'</p>
Fidelity	Telemedicine project	<p>'The consultant body would be able to do these virtual consultations within the existing scope if the on-call work patterns and they really couldn't. To do these virtual tele-med clinics ... would need to be the creation of a separate clinic just for that'</p> <p>'[what] has proved most challenging, is the introduction of telemedicine, doing virtual consultations for neurology and that has been difficult on a number of grounds, some of it cultural'</p>
Patient consultation	Patient consultation excellent	<p>'It was being built around patient experience, because it was about taking the services out closer to home.'</p> <p>'We didn't do any [patient consultation] work before the pathways started looking at patient viewpoints of this pathway. ... [we] did a lot of work in getting patient feedback and patient involvement [though].</p> <p>'We've gone to patient groups and sort of like to hear them talk about the service, and the overwhelming positivity that had come from the patients is absolutely amazing.'</p> <p>'It definitely addressed some of the more negative patient experience people have, particularly around travel, and stuff like that, but it is that focus on the medical model really, where it has missed it.</p> <p>'Because of the time frame of having to bid for the funding, because I think we had a window of opportunity of about two weeks, we didn't actually do any consultation with the patients at that time [of designing the programme].'</p> <p>'From a perspective of the people who use the services, [the Vanguard is] very medically focused.'</p>

Impact	Professionals/staff	Change capacity and agency	<p>'I did think underestimate change with individuals and that comparatory work to get people on board, get some champions, getting people to see the value of what's in it for them, that could have made things easier'</p> <p>'You know, so I think ... everybody's looking to improve and move forwards and work in a more effective way, ... and it's how those individuals react to that change and what that change is, and how it effects them personally in terms of their practice.'</p> <p>'The thing that struck me about it that I learned from the experience, was how hard it is to make very simple changes that are self evidently necessary. I mean these were very simple things... These ...were very easy, simple changes that nobody could argue with clinically, and yet it was terribly hard.'</p> <p>'[Staff] don't really stay around too long, so you think you have made a contact and then you have to do it again.'</p>
	Patients	INNS service example of improving care quality	<p>'Now that we've got [the INNS] out there, we can see the benefits.'</p> <p>For the patients being treated closer to home and widen our geographical area so that we can do this has been a positive thing and has been really good.'</p>
	System	<p>Reputational gain for Walton Centre</p> <p>Partnerships developed</p>	<p>'It has helped boost its position in the region as well, as a key partner.'</p> <p>'We were a bit of an unknown entity to our CCG colleagues and to some extent to our acute providers. So we needed to develop those relationships and get them to know us.'</p> <p>'I think it had some positive effects upon that system. And I would say the biggest one from my perspective is the impact on the Clinical Commissioning Groups, not all of them engaged but all of them recognised that you know it is an important area to work.'</p>

Service Outcomes	Difficulty to gauge programme impact	<p>'We've not affected any of the demand assumptions for any of the vanguards because at this point in time we don't know, some of them we have and some of them we don't. [... we] will pick up some of the impact but maybe not the full 12 month effect.'</p>
	Differential impact on partners	<p>'Different CCGs have different priorities, so I think there's a variety of engagements, and some CCGs have gained more than others, and it depended on, as I say, their internal priorities, their knowledge and understanding of what the programme was about, their baseline position, so if they had a lot to gain and they could see the solution was coming from the vanguard, clearly they were more engaged than others.'</p>
	Difficulty to measure outcomes	<p>'I think we are still chewing over the figures on the metrics and I think it remains to be seen whether we are going to shift practice on this, or not. I'm slightly worried that we might not, but I just don't think we know the outcome yet.'</p>
		<p>'I've always struggled to fully understand what the financial impact of all of this work has been.'</p> <p>'There was supposed to be an Information Manager within a role. They couldn't recruit for that and it did mean that a lot of that was delayed.'</p>
Sustainability	Assessed project by project	<p>'We've realised some of those benefits quite late on in the project and I think in hindsight some of that probably could have been delivered in a little bit more timely way.'</p> <p>'I feel that by allowing choice about whether you adapt [a project] or not creates inconsistencies in the overall end result. For the patients, for me, it creates an inequitable service and I think one of the key drivers was insuring that patients had an equal chance of the same excellent standards. ... I wouldn't advocate the pick and mix option, I don't think that that would be optimal.'</p>
Evaluation	Experience and expertise	<p>'The [evaluation is] only actually producing the information through contract analysts now, which has had a big impact on what they have been able to evaluate and identify to find those problems.'</p> <p>So, again, there are lessons learnt about what skill base you want there [when evaluating a programme]. ... And I think that is about being very clear in the future about what you want.</p>

		Attributability of effects	<p>But ... when we started this programme it was something we had never done before.</p> <p>'Like I said about spinal surgery stopping and new NICE spinal guidelines came out which then stopped injections in secondary care. So that you cannot attribute the change just to the Vanguard and that would be difficult. You got an instruction from NICE saying do not do spinal injections in secondary care so everyone was banned from doing them. Now, you could say that is a result of the Vanguard, if you look at the injection drop, it could be nothing to do with it, it could just be implementation of NICE guidelines'</p>
Context dependability	Replicability and Specificity	Interest by other providers, but WC is unique	<p>'I think the challenge is the WC [hospital] has quite a unique set-up there, one of England's only neuroscience centres and it doesn't have to compete with other service priorities within that hospital, it doesn't have an A&E, it doesn't have problems in. When other colleagues are looking at the WC [hospital] trying to think about how that could be replicated within their structures, it doesn't always lend itself to something that can work'</p>
Lessons	Shared learning	No shared learning across projects – no structure put in place	<p>'I did think that maybe if we had had closer relationships between the project themselves and the work streams, we could have learnt from one another, and, you know somebody might have had a contact, or a way of going about things. So, within the neurology based work streams, somebody there might have had a contact in the Royal, or might have had an approach that worked previously. But because we all worked in silos that didn't seem to happen.'</p> <p>'I suppose, as the programme's gone on, there hasn't been a central repository or a library or, yeah, anything like that that would facilitate that learning.'</p>
	Lessons for programme designers	Programme vision – programme diversity	<p>'So it looked like [the two work streams] would work extremely well, and I think if it was given more time it would have embedded well, but straight away joining the team, it was obvious there was going to be problems within that structure.'</p> <p>'I think where we haven't worked quite so well, is linking in internally and what working out would it would mean impact wise for the internal divisions.'</p> <p>'It was pushed through a little bit quickly because of the fact that was money that had to be utilised.'</p>
	Lessons for implementation	Working relationships Internal communication – depth	<p>'You know a bi-weekly catch up doesn't necessarily promote strong working relationships, they have to be built up over time. And one way of doing it I think would have been to have had us all sat in a room together, working'</p>

		and scope	'I think we could have done a better internal communication plan. And perhaps re-enforced our messages more assertively.'
	Lessons for NHS England	Expertise, training and shared learning opportunities	<p>'[NHS England] lacked the knowledge base or the ability to be able to support us around sustainability or replicability. It was one of the key components of the programme, but they actually didn't know how to do it.'</p> <p>'It was pushed through a little bit quickly because of the fact that was money that had to be utilised.'</p>