

# Measuring benefits and impacts – an introduction

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3<sup>rd</sup> July 2024



# Overview

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- Introduction
- Identifying benefits
- Your challenges
- Measuring benefits & impacts
- Your challenges
- Taking this forward



# Introduction

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# In which type of organisation do you work?

## Let us know

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1. NHS Trust (acute or community)
2. Local authority
3. ICB
4. Public Health (OHID/NIHP)
5. Regional/national NHS body (including Health Innovation Network)
6. Charity / voluntary sector
7. Company / innovator
8. Other



# What is your role in relation to benefits from innovation? Let us know

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1. I have a strategic responsibility for project / programme delivery
2. I'm responsible for identifying and delivering benefits
3. Innovations are given to me and I want to get more out of them
4. I want to get a better understanding of how I can identify and or measure benefits for my project or innovation
5. What are benefits? I'm here to find out more
6. This is personal development for future roles / projects



# What is your experience of identifying and measuring benefits? Let us know

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1. Experienced – something I do a lot, but would like to get some new ideas and tips
2. I do it, but not sure that I'm doing it the best way
3. Not very experienced, but something I've had to do / not very confident in this area
4. Not really done much, but I know that I need to
5. This is a whole new area to me – keen to learn more!



# How to identify benefits

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Inspired by Innovation Collaborative benefits management support and Cranfield University approaches



# Defining Benefits

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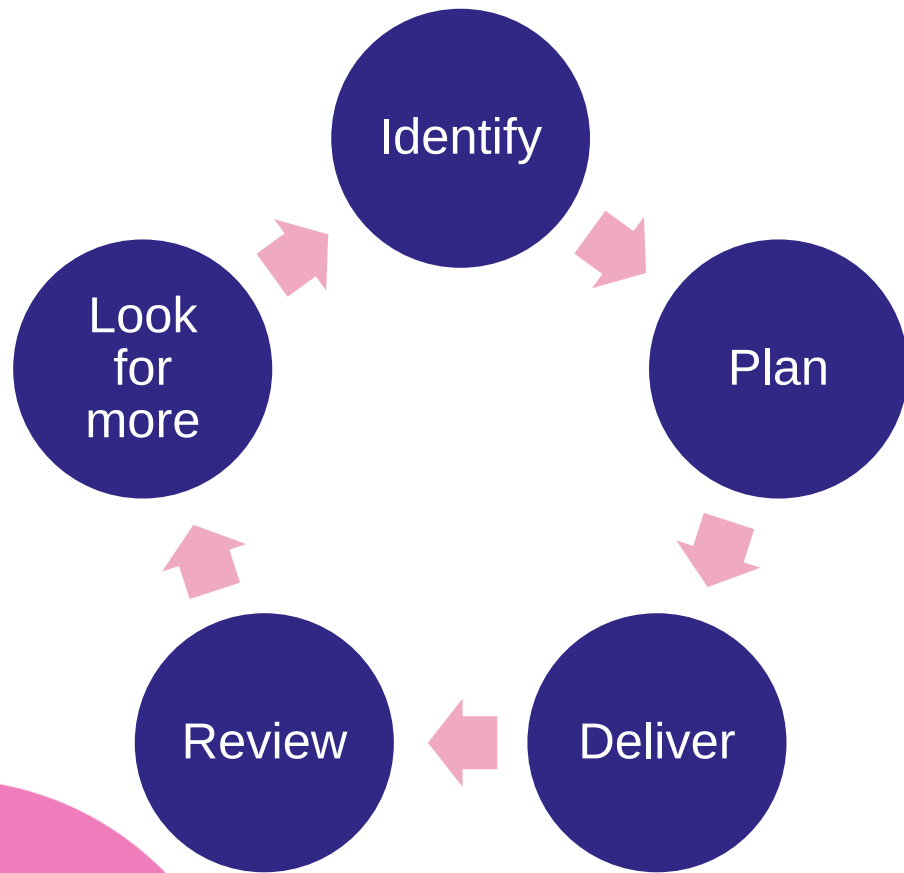
A benefit is:

- A measurable improvement
- Resulting from change
- Considered to be advantageous by at least one stakeholder
- Contributes to an organisational objective
- The value perceived or realised by those experiencing the outcomes of change

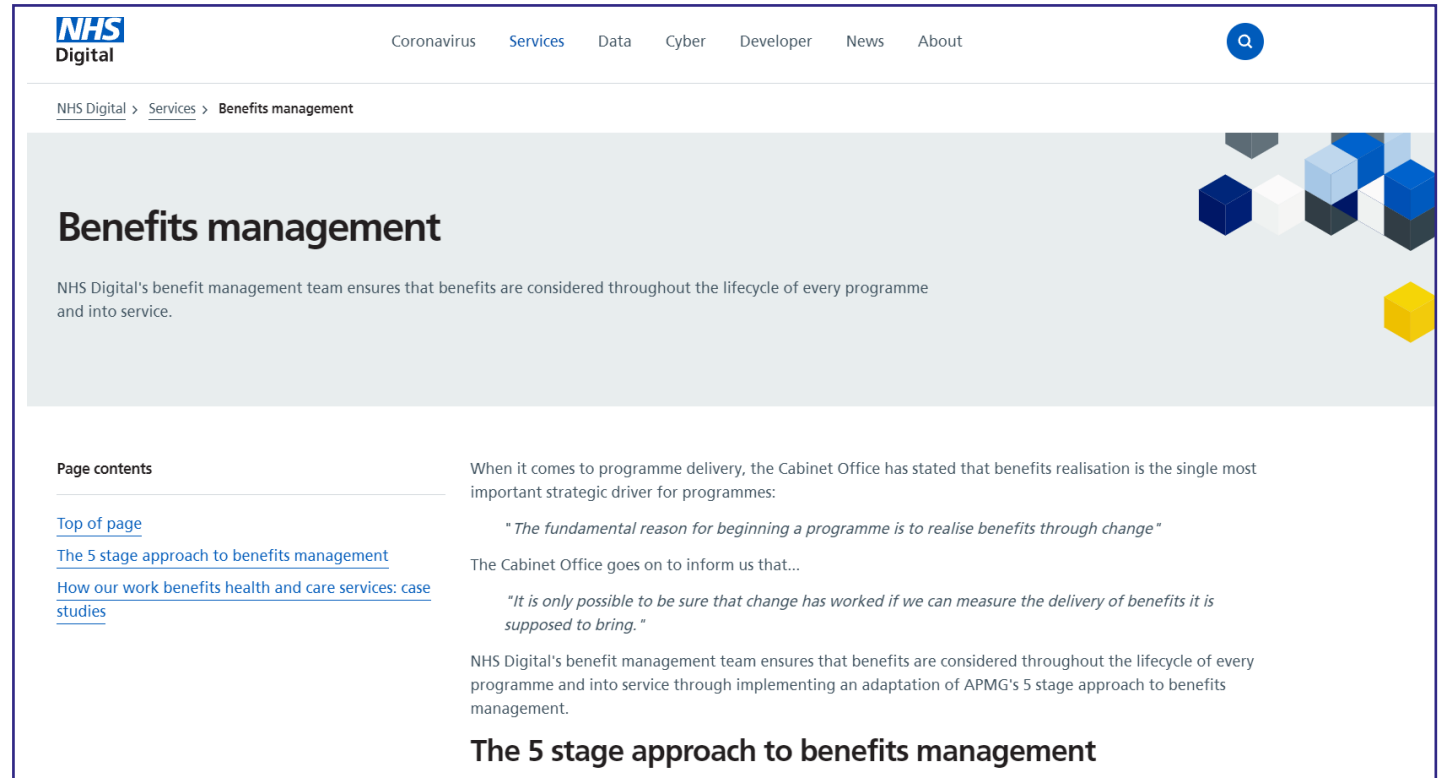
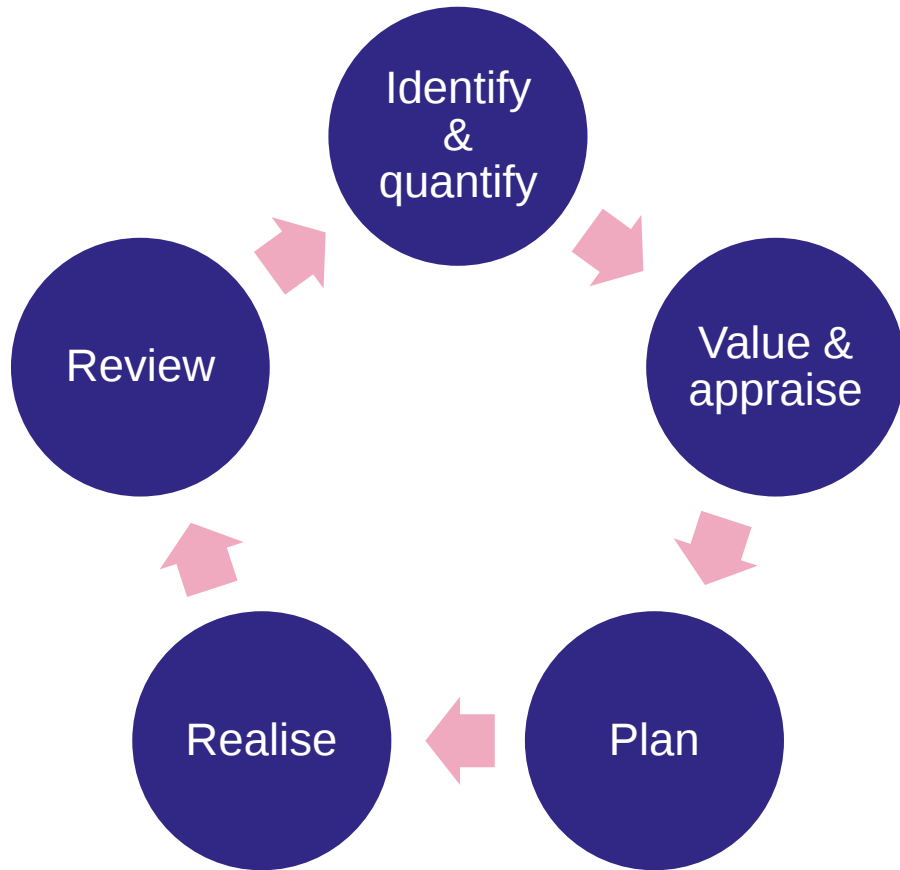


# Delivered within a benefits realisation framework

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# NHS Digital 5 stage approach

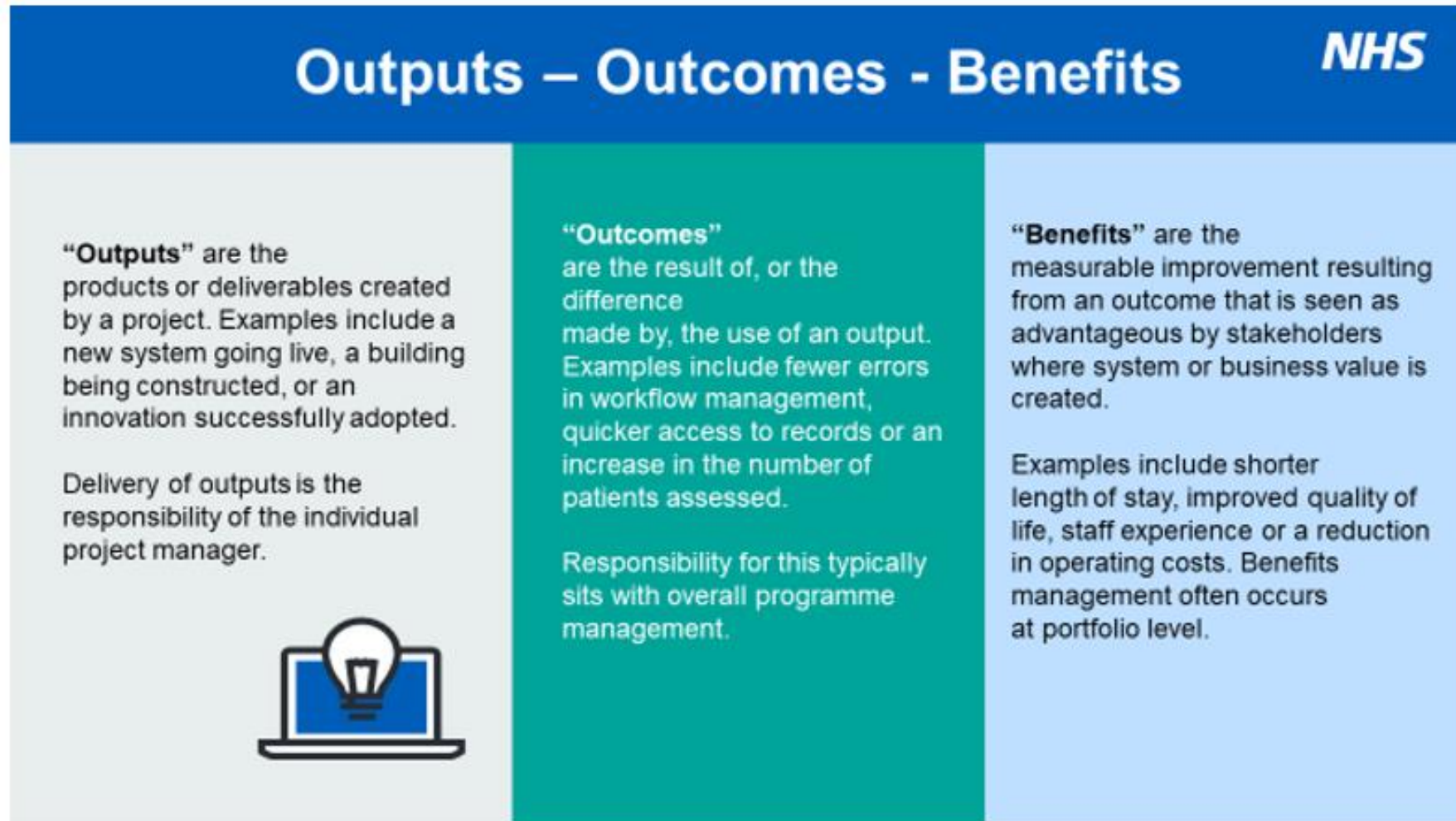


The screenshot shows the NHS Digital website's 'Benefits management' page. The header includes the NHS Digital logo and navigation links for Coronavirus, Services, Data, Cyber, Developer, News, and About. The breadcrumb trail reads 'NHS Digital > Services > Benefits management'. The main heading is 'Benefits management', followed by a subtext: 'NHS Digital's benefit management team ensures that benefits are considered throughout the lifecycle of every programme and into service.' Below this is a 'Page contents' section with links to 'Top of page', 'The 5 stage approach to benefits management', and 'How our work benefits health and care services: case studies'. The main content area features a quote from the Cabinet Office: 'The fundamental reason for beginning a programme is to realise benefits through change.' and another quote: 'It is only possible to be sure that change has worked if we can measure the delivery of benefits it is supposed to bring.' The page concludes with the text: 'NHS Digital's benefit management team ensures that benefits are considered throughout the lifecycle of every programme and into service through implementing an adaptation of APMG's 5 stage approach to benefits management.' and the heading 'The 5 stage approach to benefits management'.

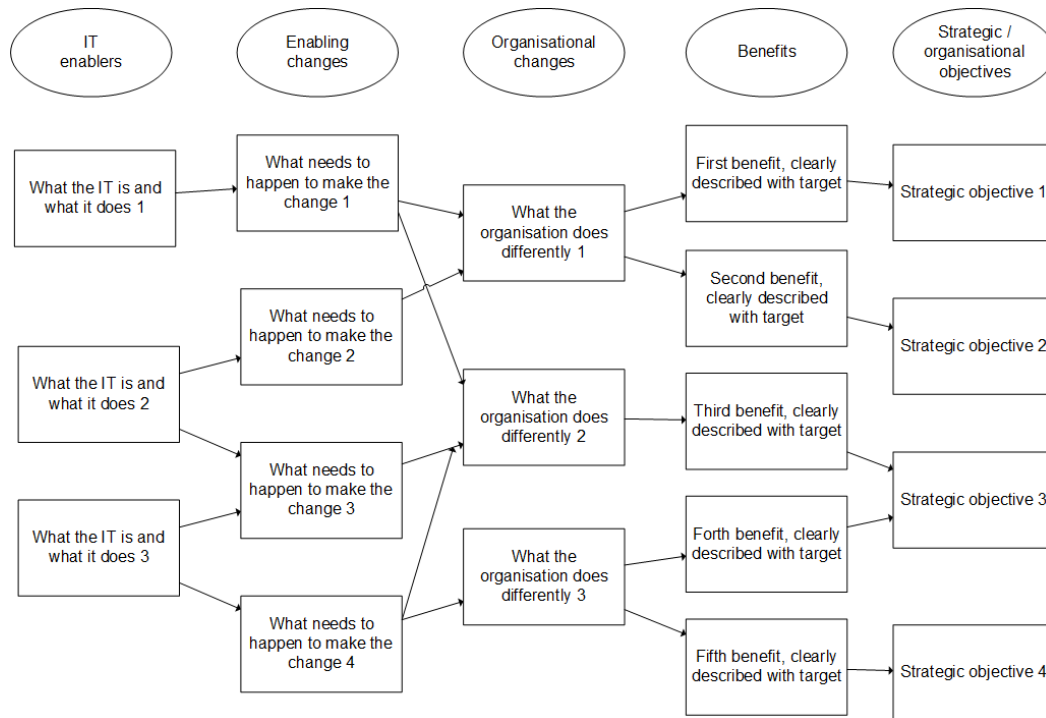
<https://digital.nhs.uk/services/benefits-management>



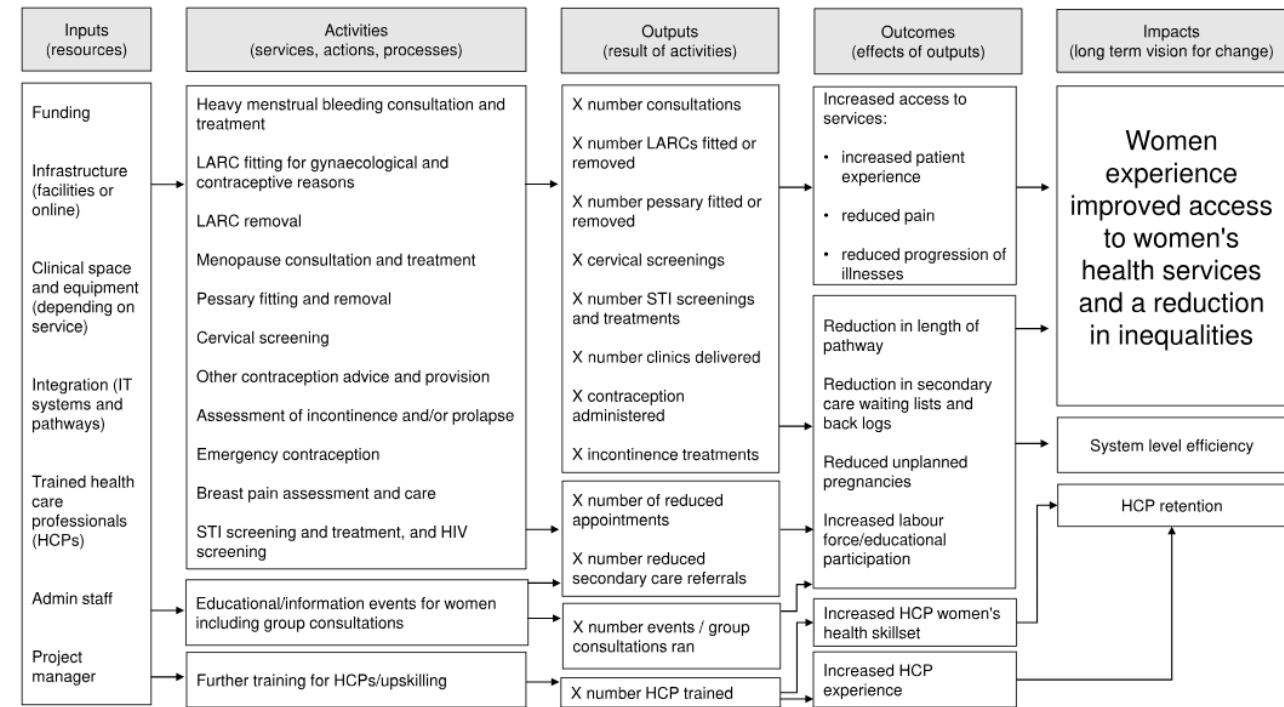
# Terminology



# Number of tools to help identify & understand benefits e.g.



Benefits dependency network



Logic model

Example from: <https://www.gov.uk/government/publications/womens-health-hubs-information-and-guidance/womens-health-hubs-core-specification>

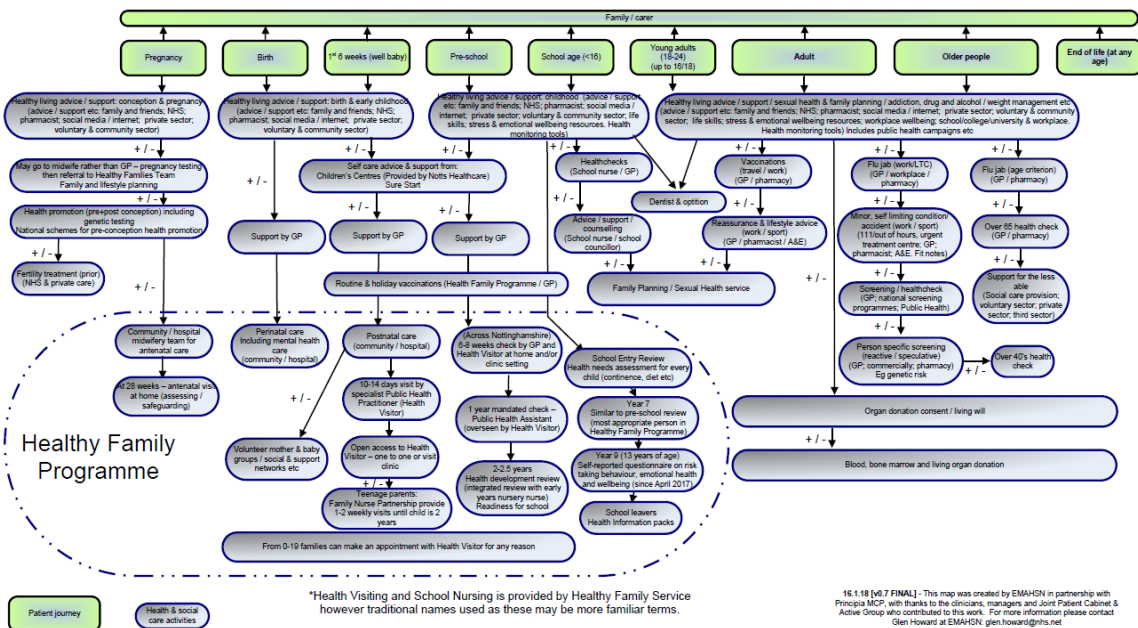


# Understand what changes in the patient pathway will deliver the benefits

## Patient journey across a health community: Healthy population

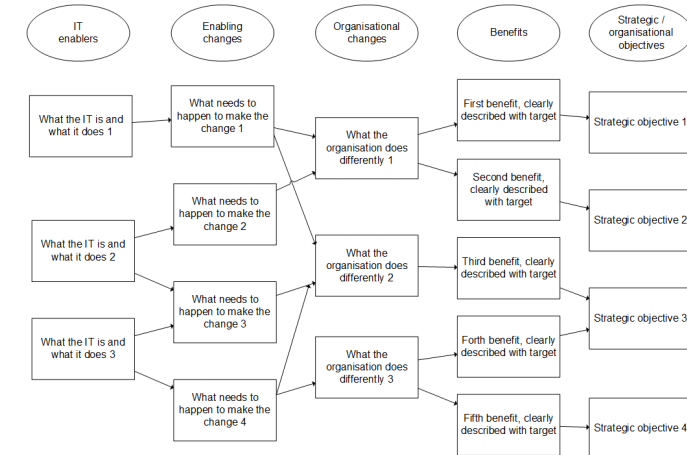
PLEASE NOTE: these maps are intended to be a generic overview of healthcare services as people/patients experience it. It is not intended to describe the services available in all areas and which may be different to those identified here

East Midlands  
Academic  
Science Network  
Enabling Innovation



\*Health Visiting and School Nursing is provided by Healthy Family Service however traditional names used as these may be more familiar terms.

16.1.18 [v6.7 FINAL] - This map was created by EMAHSN in partnership with Principal MCP, with thanks to the clinicians, managers and Joint Patient Cabinet & Active Group who contributed to this work. For more information please contact Glen Howard at EMAHSN: glen.howard@nhs.net



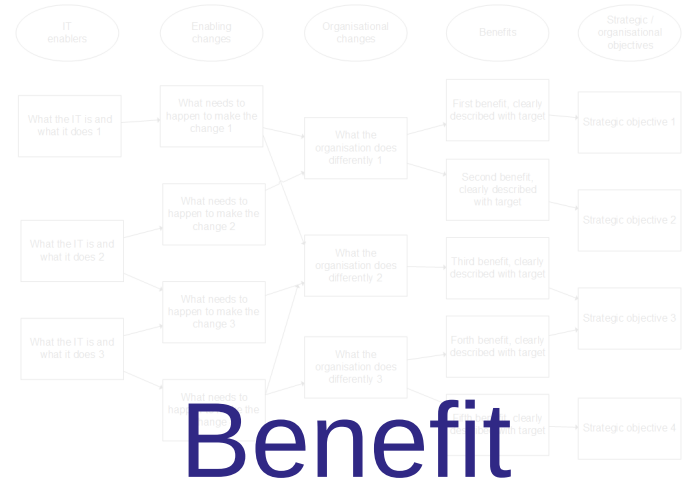
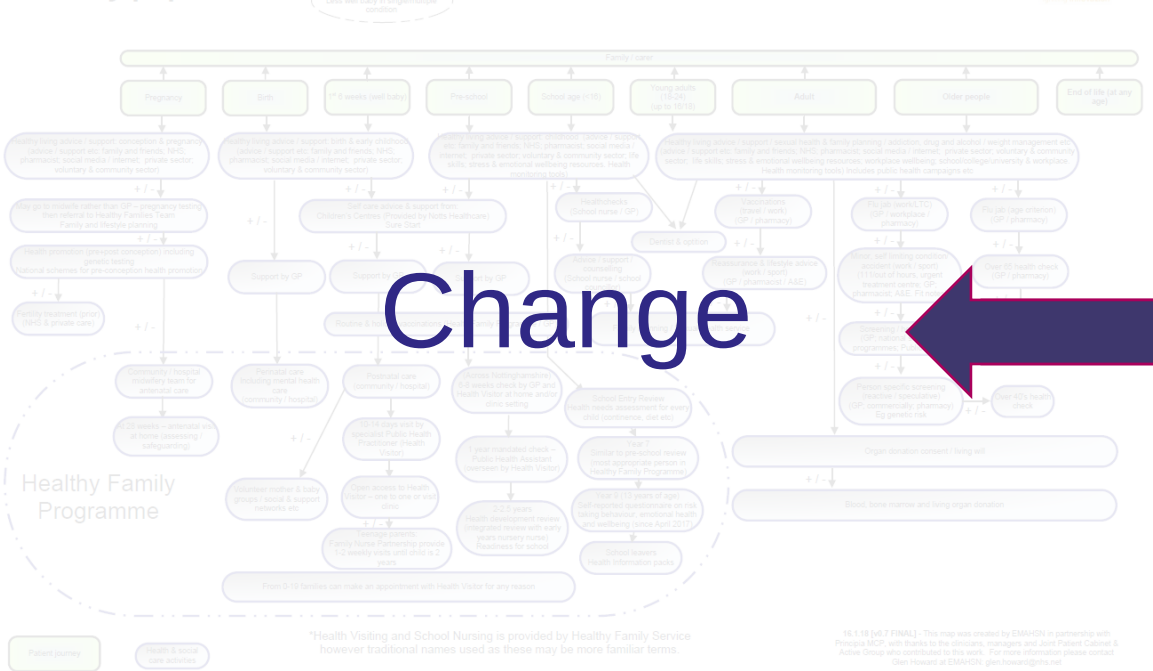
| Inputs (resources)                                  | Activities (services, actions, processes)                              | Outputs (result of activities)            | Outcomes (effects of outputs)                           | Impacts (long term vision for change)                                                       |
|-----------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Funding                                             | Heavy menstrual bleeding consultation and treatment                    | X number consultations                    | Increased access to services:                           | Women experience improved access to women's health services and a reduction in inequalities |
| Infrastructure (facilities or online)               | LARC fitting for gynaecological and contraceptive reasons              | X number LARCs fitted or removed          | • increased patient experience                          |                                                                                             |
| Clinical space and equipment (depending on service) | LARC removal                                                           | X number pessary fitted or removed        | • reduced pain                                          |                                                                                             |
| Integration (IT systems and pathways)               | Menopause consultation and treatment                                   | X cervical screenings                     | • reduced progression of illnesses                      |                                                                                             |
| Trained health care professionals (HCPs)            | Pessary fitting and removal                                            | X number STI screenings and treatments    | Reduction in length of pathway                          | System level efficiency                                                                     |
| Admin staff                                         | Other contraception advice and provision                               | X number clinics delivered                | Reduction in secondary care waiting lists and back logs |                                                                                             |
| Project manager                                     | Assessment of incontinence and/or prolapse                             | X contraception administered              | Reduced unplanned pregnancies                           | HCP retention                                                                               |
|                                                     | Emergency contraception                                                | X incontinence treatments                 | Increased labour force/educational participation        |                                                                                             |
|                                                     | Breast pain assessment and care                                        | X number of reduced appointments          | Increased HCP women's health skillset                   |                                                                                             |
|                                                     | STI screening and treatment, and HIV screening                         | X number reduced secondary care referrals | Increased HCP experience                                |                                                                                             |
|                                                     | Educational/information events for women including group consultations | X number events / group consultations ran |                                                         |                                                                                             |
|                                                     | Further training for HCPs/upskilling                                   | X number HCP trained                      |                                                         |                                                                                             |

# Understanding the relationship

## Patient journey across a health community: Healthy population

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East Midlands  
Academic Health  
Science Network  
emhsn.co.uk



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# Key objective is to understand:



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## What is the evidence

Change  
required

Benefits  
delivered

Strategic  
objectives

Logic Model #3

Intended Impacts  
Changes in wider  
contextual factors/issues

Intended Outcomes  
What will the programme & initiative  
lead to? What are you trying to  
achieve?

Benefits dependency network

Model



# Key types of benefits

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Cash  
releasing

Non-cash  
releasing

Quality  
benefit

Societal  
benefit /  
Public  
benefit

Disbenefits



# Benefits can be 'monetised'

Cash  
releasing

Non-cash  
releasing

Quality  
benefit

Societal  
benefit /  
Public  
benefit

Expressed as a calculated value in £

Only cash releasing benefits release in a way that resources can be completely re-allocated elsewhere, or the benefit can be completely claimed from a budget.



# Difficult to sensibly monetise

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Quality  
benefit

- Quantified and measured
- Essential to capture, measure and track – much of the value
- Key for stakeholders & engagement



# Benefits usually come from

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Doing  
something  
new

Doing  
something  
different

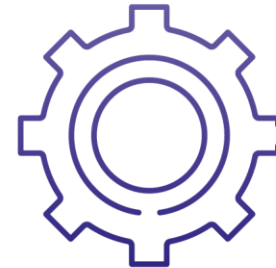
Stopping  
doing  
something



# Who benefits?

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May be useful to consider benefits from the perspective of:



# Your challenges and questions?

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# What challenges do you have in identifying benefits? Let us know

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1. Mapping current / new patient pathways or processes
2. Understanding the impact of the change
3. Benefits identification tools (e.g. benefits network / logic models)
4. Differentiating the benefit from the change
5. Using benefits realisation framework (e.g. recording and managing benefits)
6. Identifying the different types of benefit or who benefits
7. Anything else? Let us know in the chat



# Do you have any questions on identifying benefits?

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- Please feel free to raise hands or use the chat



# Measuring the benefits of innovation

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An overview



# Quality improvement approach

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Outcome

Process

Balancing



# Not an exact match, but useful comparison

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Outcome

Process

Balancing

Lead to

~

~

Benefits

Change

Disbenefits



# Trying to understand:

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- How much change happened
- How much benefit
- Extent of any disbenefits encountered
- Was this due to the new intervention ('attribution')



# Deriving attribution

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- Estimate the counterfactual
- Consistent with the theory of change?
- Rule out alternative explanations
- Each have strengths & weaknesses

## Before & after

Take a suitable baseline and compare the measure before and after the intervention has been introduced

## Trend analysis

Using historic data and, based on the trend, extrapolate where the would be compared to where it actually is

## Difference in difference

Combination of other techniques investigating change across multiple cohorts / areas

## Control vs intervention

Comparing outcomes in an area implementing the change with a (suitable) area operating as usual



# Considerations

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- Be clear the questions that you are asking
- Without context, data is limited value
- Can you make a sensible comparison to gain confidence in the effect you have caused
- Avoid 2 point comparison
- Consider measuring over time e.g. Statistical Process Control
- Be proud of your benefits and share with others



# Potential sources of data

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- Data collected as part of usual care (IG considerations)
- Patient & user experience
- Exploit an existing dataset (e.g. quality or performance metrics)
- Whole pathway - joining data across departments or organisations
- New data collection - kept to a minimum (consider benefits & costs of collecting must be understood; timing)
- Ensure that you understand data quality
- May need expertise to understand the data: clinical & analytical



# Considerations

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- How do you include patient/user experience
- How do you include staff experience
- Do you understand
  - Data quality issues related to the data
  - What the data means – definitions and how collected
- Limitations in what can be interpreted from the data



# Examples of potentially useful public data

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- NHS England (extensive, including):
  - Quality and outcomes framework (QoF) & prescribing data
  - Ambulance data
  - A&E, Urgent & Emergency care metrics, Hospital Episode Statistics
  - Etc.
- National clinical audit data (HQIP)
- Public health data – e.g. OHID Fingertips
- Quality indicators (internal and external)
- Model Health System, GIRFT, SHAPE tool etc.



# Your challenges

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# Your challenges and questions

---

- What challenges do you have in measuring benefits?
- Do you have any questions on identifying benefits - please feel free to raise your hand or use the chat



# What challenges do you face in measuring benefits? Let us know

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1. Knowing what to measure
2. Knowing what data is available or suitable
3. Accessing the right data
4. Understanding / interpreting the data
5. Getting the data in a useful format to understand
6. Having access to the right skills / capacity to undertake such work
7. Not many, we often do this fairly well
8. Anything else? Let us know in the chat



# Do you have any questions on measuring benefits?

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- Discussion



# Taking this forward

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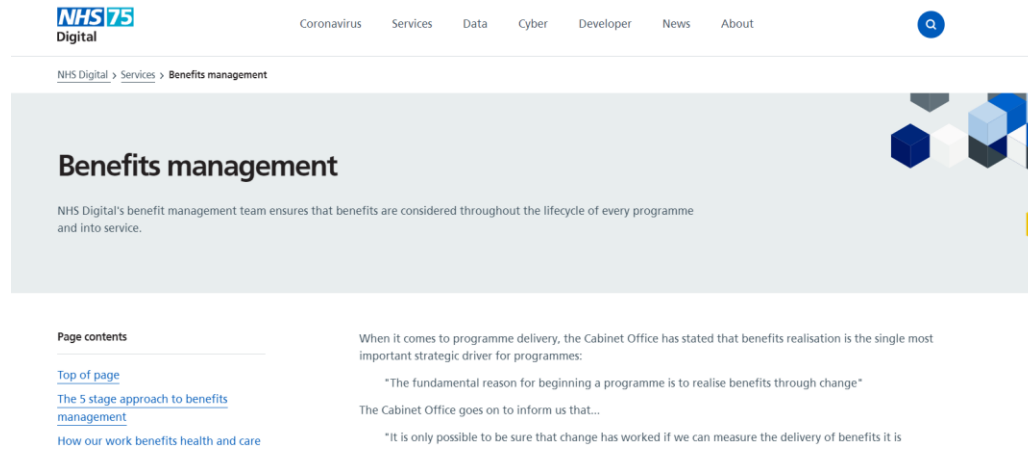
# Very brief introduction to:

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- Identifying benefits
- Measuring benefits
- Understanding some of your challenges in undertaking this work



# Additional resources



The screenshot shows the NHS Digital website's 'Benefits management' page. The header includes the NHS Digital logo and navigation links for Coronavirus, Services, Data, Cyber, Developer, News, and About. A search bar is located on the right. The main content area features a large heading 'Benefits management' and a subheading 'NHS Digital's benefit management team ensures that benefits are considered throughout the lifecycle of every programme and into service.' Below this, a 'Page contents' section lists links: 'Top of page', 'The 5 stage approach to benefits management', and 'How our work benefits health and care'. The right sidebar contains a quote from the Cabinet Office about the importance of benefits realisation and a link to 'The 5 stage approach to benefits management'.

<https://digital.nhs.uk/services/benefits-management>



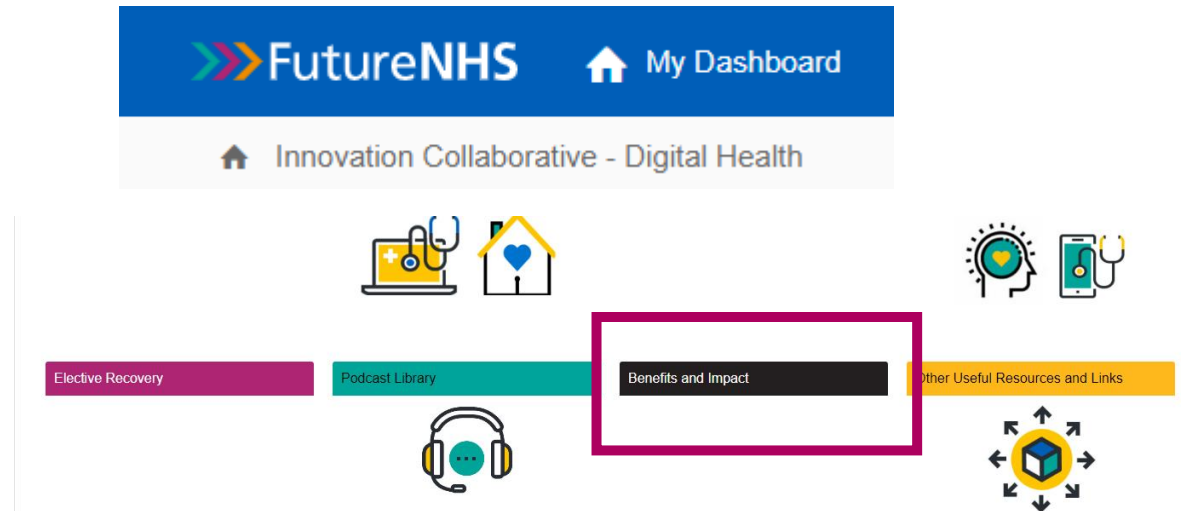
The screenshot shows the NHS England website's 'NHS IMPACT' page. The header includes the NHS England logo and navigation links for Home, News, Publications, Statistics, Blogs, Events, and Contact us. A search bar is located on the right. The main content area features a large heading 'NHS IMPACT' and a subheading 'NHS IMPACT (Improving Patient Care Together) is the new, single, shared NHS improvement approach. By creating the right conditions for continuous improvement and high performance, systems and organisations can respond to today's challenges, deliver better care for patients and give better outcomes for communities.' Below this, three icons represent different aspects of the approach: a gear for 'NHS IMPACT', a folder for 'Improving Patient Care Together', and a heart for 'Improving Patient Care Together'.

<https://www.england.nhs.uk/nhsimpact/>

# Health & care system colleagues only



<https://model.nhs.uk/>



<https://future.nhs.uk/connect.ti/InnovationCollaborative/grouphome>

# Useful resources

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Making data count: <https://www.england.nhs.uk/publication/making-data-count/> & Making Data Count on FutureNHS

The Health Foundation e.g.  
<https://www.health.org.uk/publications/evaluation-what-to-consider>

Health Innovation network guide to real world evaluation:  
<https://thehealthinnovationnetwork.co.uk/national-publications/real-world-evaluation/>

DH&SC SHAPE tool <https://shapeatlas.net/>



# You can help us understand one of our changes!

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- Delivering sessions virtually may save time and travelling
- If you could answer a couple of questions we can better understand the impact



# If this had been an in-person session, would you have been able/willing to travel to Nottingham?

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- Yes
- No
- Would depend where in Nottingham



# If you answered yes, you would have travelled:

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- Would be really helpful to find out more details if you would be willing to help
- Please use chat, MS Forms or email [glen.howard@nhs.net](mailto:glen.howard@nhs.net):
  - How far would you have travelled to the Jubilee Campus (NG7 2TU)?
  - What method would you have used?
    - Petrol car/motorbike
    - Diesel car
    - Electric car
    - Public transport
    - Cycle or walk
  - Could you estimate long would it have taken out of your day for travel – rough estimate



# HIEM support

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- Future events & topics – let us know what would be useful
- HIEM resources include:
  - Innovation Academy – <https://healthinnovation-em.org.uk/our-work/innovation-academy>
- HIEM support – [https://healthinnovation-em.org.uk/images/HIEM\\_Analytics\\_and\\_Evaluation\\_Service\\_for\\_health\\_and\\_care\\_systems\\_v\\_2\\_June\\_2024.pdf](https://healthinnovation-em.org.uk/images/HIEM_Analytics_and_Evaluation_Service_for_health_and_care_systems_v_2_June_2024.pdf)



# Thank you

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The HIEM are a fantastic team, and events like this are very much a team effort. While any errors and inaccuracies are mine, the following have provided invaluable input into this presentation:

- **Gemma Housley**, Advanced Analyst
- **Phil Miller**, Evaluation Lead
- **Chris Eagling**, Senior Information Analyst
- **Jenny Bunn**, Communications Specialist



# Further information

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