

Enghraifft o Benderfyniad Prosiect – Llundio Fframwaith – Pecyn 10

What does (or could) influence decision-making in clusters?

Cluster skills workshops on “Using evidence & evaluation in [cluster action plans](#)” were delivered during October 2017 by the Primary Care Hub team, with support from [Observatory Evidence Service](#) and Knowledge Mobilisation staff. Three regional workshops took place for audiences comprising cluster support staff; cluster development managers and those in similar roles; and local public health team staff who support primary care colleagues. Each workshop provided an overview of finding and appraising evidence; prioritising cluster actions; and evaluation in theory and practice. The session on factors influencing prioritisation indicated that “evidence” is but one of many variables that does (or could) influence cluster decision making. The collated contributions of workshop participants are provided below.

1. Business case

Evidence base

- Relevant local data on needs
- Voiced community wants/ needs
- Degree of certainty over best intervention
- Agreement on interpretation of evidence
- Opportunity to generate evidence (“ideas leading to evidence cf. evidence directing ideas”)
- Sharing of local best practice/ experience
- Evaluation of current schemes esp. evidence of sustainability
- Anecdotal evidence of clinical endorsement
- Evidence gaps (as a barrier or change facilitator)

Benefits anticipated

- For patients
- More satisfaction
- Better outcomes
- Optimised access
- Care closer to home
- For GP/ GP practice
- For community (incl. use of assets)
- GP workload/ demand reduction
- Reduction in secondary care use
- Reduction in medication use
- Sustainability impact
- Prevention opportunities
- Improved integration
- Collaborative working
- Reduced duplication

2. Partnership

Cluster

- Personalities
- Diversity of GP practices (needs, resources, business state)
- Agreement
 - Between GPs
 - Between practices
- Local expertise/ experience
- Stability/ fragility
- Fit with existing plan/ priorities
- Herd mentality/ peer pressure

Community

- Wants/ needs voiced

Health board

- Restrictions/ barriers
- Policies & procedures
- Strategic priorities

Public health

- Local public health team advice
- LPHT need to “do” not just “tell” as partners
- Wider strategic alignment

Public service board

Welsh Government

- Targets/ policy imperatives
- Voluntary vs. mandatory
- Politics of topicality/ policy “buzz”

Politics, politics, politics

Competing priorities

Healthy & trusting relationships

3. Process-related

- Maturity as an entity
- Existence (or not) of a decision-making methodology e.g. “loudest voice”
- Formality vs. informality of meetings
- Locus of power/ control

- Engagement process, inc. opportunities to challenge & recognition of historic problems
- External process dependencies e.g. procurement, recruitment & employment
- Lack of systematic approach to assessing cost-benefit
- Information governance barriers
- Contracting barriers, inc. currency, flexibility

4. Implementation

Feasibility

- Primacy of maintaining front-line services
- Effort/ ease of implementation
- Quick wins
- Tick-box exercise
- Simplicity/ adaptability
- Ease of monitoring data/ gaps in data esp. flow btw primary & secondary care
- Shared ownership vs. "agreement"
- Understanding of local context e.g. new housing development
- Previous "change" experience
- Extent to which team already integrated
- Ease of changing existing attitudes/ cultures
- Timing e.g. in relation to service impacts of big sports events

Resources

- Time
- Staff
- Capacity (time)
- Capability (skills/ experience, inc. practice-level leadership)
- Agreed responsibilities
- Impacts on wider team/ day-to-day operations
- Impacts on morale
- Ease of recruitment (or need to find alternatives)
- Equipment needed
- IT barriers
- Suitability of premises/ building constraints
- Finance
- Free/ no implementation cost
- Pressure to spend (fiscal) esp. in Q3/4
- Financial boundaries/ independence to act
- Funding constraints (year-on-year, short timescales)
- Sponsorship/ other external funding, inc. drug companies
- Offer of resources/ assets
- Slow money flow/ funds outstanding

- Potential for financial gain or loss
- Value for money
- Cost-benefit
- Opportunity cost
- GMS contract (inc. QoF)/ financial incentives
- Self-interest/ profitability

Risks

- Mitigation requirement
- Media interest/ reputational risk
- Competing priorities/ existing realities
- Viability if non-recurrent funding
- Perceived threat to secondary care services
- Innovation involves risk cf. relative safety of familiarity

5. Leadership

- Interest/ energy/ enthusiasm
- Pet project/ personal agendas
- Legacy
- Personality
- Integrity/ credibility
- Impact of cluster lead (inc. any linked governance issues)
- Recognition of good will