The Service Evaluation Project
Commissioners' Guide

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Introduction

Research skills – in carrying out and interpreting research – are an important part of the leadership role expected of clinical psychologists in the NHS. Clinical psychologists are often in a unique position, in that they are both clinically qualified and trained in research skills. They therefore have the opportunity (and are increasingly expected) to play a lead role in the development and evaluation of services. This can and should reflect a range of concerns, such as measuring both the outcomes and quality of a service, identifying service needs, and ensuring service users' opinions are considered. Research and evaluation skills also play an important role in consultancy and working in teams and systems.

So, research skills are important. The type of research carried out by clinical psychologists varies on a continuum between theoretical research on the one hand, and applied, service evaluation on the other. In practice, qualified clinical psychologists are far more likely to be involved in the latter, and this has become an important part of most services striving to develop and demonstrate their effectiveness at a time of increasing adversity. We feel that the best way to equip trainees with the knowledge and confidence they need to fulfil this role is to give them the experience of carrying out a piece of service research.

In Leeds, these Service Evaluation Projects (SEP) are commissioned by local services. The aim is that local services will get a trainee to carry out a service project that needs doing, and trainees will get an opportunity to carry out research in a real world setting.

The SEP has to be practical and useful, and should relate to some aspect of a current service or planned service development. It should be driven by the host service that commissions the project, providing valuable information that they will be able to use. It should also meet the requirements of the course in being of an appropriate scope and focus to pass this course requirement.

What is a SEP?

Potential SEP projects are submitted by local psychologists and we maintain a list of potential projects for trainees to choose from. Any new commission gets checked by Gary Latchford to ensure it is suitable, and then gets added to the list, which is regularly updated. Although most trainees will select a project towards the end of their first year, this does vary and projects may be taken up throughout the year. Trainees have time to complete the SEP in their second year of training.

Once trainees commit to carrying out a particular SEP, they must complete a SEP contract with the commissioner (a copy is in the appendices). This clearly outlines what both sides have committed to providing.

When the trainee undertakes the SEP, they will be expected to complete it (from conception and planning to writing up) using a half day a week during a six month placement. In practice they may straddle two placements in carrying out the SEP, but they must always negotiate this with their clinical supervisors. When the SEP is

complete, the trainee returns to working full time on their placement. Although trainees have a generous amount of time to compete the SEP, they do not have any funds allocated to this project.

At the completion of the SEP, trainees are expected both to disseminate the findings to the commissioner and complete two assignments for the university.

For the commissioner, they must:

- Write a report at the end of the project
- If required present their findings to those interested from the service.

For the university, they must:

- Submit a SEP report using a standard format which is formally assessed and marked. The deadline for this is two months into their third year. Commissioners are also asked to provide feedback on the completed SEP using a form (included in the appendices). Completed SEP reports are hosted on the University website where they are freely available.
- Present a poster based on their SEP at the University's SEP poster conference, held at the end of October. All commissioners and interested parties are welcome to attend.

Finally, trainees will normally be supervised in the field by the commissioner or their designate. Academic supervision (for example of the project design and analysis) is provided by the trainee's Academic Tutor.

How to Commission a SEP

To commission a SEP, you need to fill in a short commissioning form. There are three ways to get the form. You can access it in the appendices to this document, request it from Gary Latchford (g.latchford@leeds.ac.uk) or Anita Dorsett (a.m.dorsett@leeds.ac.uk) on the course team or access it on the DClin Extranet. Gary and Anita are also the people to ask if you have any queries about commissioning a SEP.

Is my project idea suitable?

The trainees are expected to complete a project of real benefit to a commissioning service. It can be a service evaluation project or an audit (more information about this later). In our experience most services have several project ideas that are suitable, and past trainees have carried out SEPs on a wide variety of topics. The main criteria for the SEP from the course point of view is that it is of the right size – too small and the report based upon it may fail the assessment; too large and it may not be competed in the time available. If a project is particularly large it is possible to commission two (or more) trainees to carry out the project. They would be expected to work together in initial

planning for the project, but to take responsibility for clearly defined aspects of it which they need to write up separately.

Does my project need ethical approval?
This can be a crucial factor in the timescale for the project – all projects will need either NHS or University ethical approval. Trainees have training in applying for ethics so can do this, but it can give a helpful head start if the requirement for NHS ethics has already been explored. Information to help is presented later in this guide.

In general, it's rare for a SEP to require NHS ethics. As it's a piece of research that contributes to a degree, however, it will require approval from the School of Medicine Ethics Committee (SoMREC). The programme has an arrangement with SoMREC so that it has delegated authority to review ethics submissions, so the form will be reviewed by members of the team, and this should be relatively quick.

Another issue is local trust policy regarding research. All SEP projects (and any research activity) may need to be registered with the Trust R&D department. You may also find that the trust in which you are working has resources which you might use - most Trusts have their own Clinical Audit Department (with a library and staff of audit facilitators) which you should be able to access, for example.

The next sections provide some more general guidance on commissioning topics suitable for a SEP, including ethical aspects and models of audit and service evaluation.

Service evaluation, audit and research
One potential problem is confusion between applied research, service evaluation and audit. This is important, since research needs NHS ethical approval whilst service evaluation and audit do not. If NHS ethics is not required the University asks that its students apply for University ethical review of projects instead. Also, a good audit project can be interpreted as bad research unless the strategy is clearly defined.

Basically, research can be seen as an attempt to investigate a particular phenomenon to reach conclusions of interest to the wider community of psychologists, and to develop the theoretical base of the profession.

In evaluation and audit, the aim is to explore a particular service and produce findings of relevance to that service. It may also be relevant for other services and produce research of wider interest, but this is not the explicit aim. The project is carried out in a real life setting with an emphasis on practicability.

Evaluation and audit are designed for different purposes than pure research, although they may use some of the same methods. Research can tell us what we should be doing; evaluation and audit can tell us if we are doing it.

Within service research and audit there are many different approaches. Service research may involve an assessment of need of a patient group, or explore one aspect of an established service. Audit is the term used for service research where there is an

explicit aim to compare part or all of a current service with established standards, to see whether it is performing adequately or whether improvements need to be made. The process of audit is founded upon an 'audit cycle':
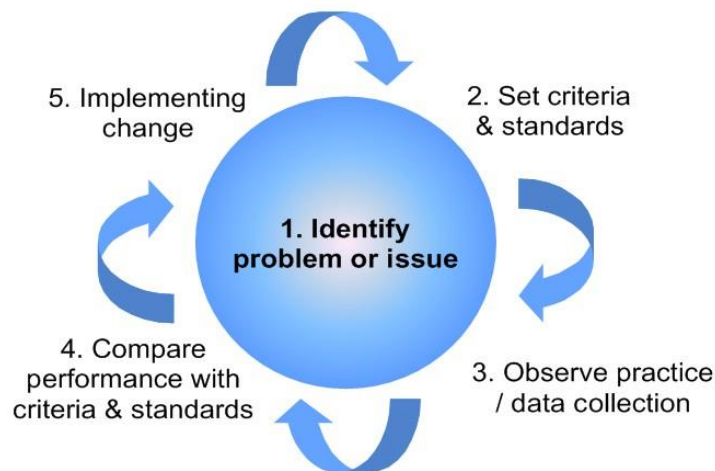
Once improvements are made to the service, the cycle starts again.

Audit is, then, a strategy by which current practice is examined using measures of process (what is done, where, when, and how). This is then compared with well-established principles of good practice (standards), founded on research evidence. Anything else is not, strictly speaking, audit, though it may be called that sometimes, especially since audit projects do not require local ethics approval (something we suspect was designed initially to encourage clinicians to conduct audits).

There are many different approaches to evaluation and audit. Here are the relevant ones for your project:

1. *Service evaluation*
   This involves outside investigators assessing the cost & effectiveness of service and is mostly concerned with outcomes. Historically, there have been problems translating findings into practice.

2. *Medical audit/clinical audit*
   This is the systematic, critical analysis of quality of care. Usually it involves peer review of cases (often using the retrospective reading of case notes). This is very common, particularly among medical staff.

3. *Service audit*
   This is the evaluation of a service by practitioners, often from several professions.

4. *Quality assurance*
   This involves the setting of standards, monitoring therapy delivery, and assessing achievement using the audit cycle described above.

The usefulness of audit is very clear in some settings (medicine, for example), where some guidelines for process (such as administration of certain medicines) are well established and process measurement can produce significant improvements in

practice. This can be much more difficult in other areas, and certainly in Clinical Psychology, where agreement on which therapies are the first choice for particular problems is controversial. In addition, there is still disagreement about the applicability of audit in certain areas. Audit is arguably not well suited to outcome measurement, and such questions should usually be addressed by well-controlled research. Nonetheless, many aspects of a service lend themselves easily to audit, from waiting times to representativeness of patients to the wider community.

By and large, a great deal of audit carried out in the NHS (including that by psychologists) is focused on elements of process for which it is easy to set standards such as record keeping and referral procedures. Some of this probably has a small impact on delivery of services and outcome. It is possible, however, to produce valuable information which would make a large difference to the effectiveness of a service.

What kind of ethical approval does the SEP need?

Following on from the definitions of service evaluation and audit described above, perhaps the most important decision made in the early stages of planning the project is whether it will need NHS ethics approval. If it does, the trainee may consult the DClin ethics guide and flowchart. They also need to allow plenty of time.

How do you know whether to apply to NHS ethics? Sometimes this is clear, at other times less so. The NHS National Patient Safety Agency has published guidance which is very helpful. The following is taken directly from their publications: a list of the Key discriminants of research, and therefore indicators that you will need NHS ethics, followed by a table comparing research (which requires NHS ethics approval) with service evaluation and audit (which generally do not require NHS ethics approval, but require University ethics approval instead).

1. Intent
The primary aim of research is to derive generalizable new knowledge, whereas the aim of audit and service evaluation projects is to measure standards of care. Research is to find out what you should be doing; audit is to find out if you are doing planned activity and assesses whether it is working. Some projects may have more than one intent, in which case a judgement will need to be made on the primary aim of the project.

2. Treatment/service
Neither audit nor service evaluation uses an intervention without a firm basis of support in the clinical or health community.

3. Allocation
Neither audit nor service evaluation allocate treatment or service by protocol. It is a joint decision by the clinician and patient.

4. Randomisation
If randomisation is used, it is research.

RESEARCH	SERVICE EVALUATION*	CLINICAL AUDIT
The attempt to derive generalizable new knowledge including studies that aim to generate hypotheses as well as studies that aim to test them.	Designed and conducted solely to define or judge current care.	Designed and conducted to produce information to inform delivery of best care.
Quantitative research – designed to test a hypothesis. Qualitative research – identifies/explores themes following established methodology.	Designed to answer: "What standard does this service achieve?"	Designed to answer: "Does this service reach a predetermined standard?"
Addresses clearly defined questions, aims and objectives.	Measures current service without reference to a standard.	Measures against a standard.
Quantitative research – may involve evaluating or comparing interventions, particularly new ones. Qualitative research – usually involves studying how interventions and relationships are experienced.	Involves an intervention in use only. The choice of treatment is that of the clinician and patient according to guidance, professional standards and/or patient preference.	Involves an intervention in use only. The choice of treatment is that of the clinician and patient according to guidance, professional standards and/or patient preference.
Usually involves collecting data that are additional to those for routine care but may include data collected routinely. May involve treatments, samples or investigations additional to routine care.	Usually involves analysis of existing data but may include administration of interview or questionnaire.	Usually involves analysis of existing data but may include administration of simple interview or questionnaire.
Quantitative research – study design may involve allocating patients to intervention groups. Qualitative research – uses a clearly defined sampling framework underpinned by conceptual or theoretical justifications.	No allocation to intervention: the health professional and patient have chosen intervention before service evaluation.	No allocation to intervention: the health professional and patient have chosen intervention before audit.
May involve randomisation.	No randomisation.	No randomisation.
Normally requires REC review. Refer to www.nres.npsa.nhs.uk/applications/apply/ for more information.	Does not require REC review.	Does not require REC review.

* Service development and quality improvement may fall into this category.

Asking the right questions

There are a number of evaluation frameworks that offer guidance on developing questions, and how to think about what aspects of a service you want to measure. A good starting point is to think about the different elements of a particular service:

1. Service Structure (e.g. appointment systems, case notes, equipment)
2. Process (e.g. treatment procedures, communication)
3. Outcome (e.g. clinical outcomes, cost efficiency, patient satisfaction)

Evaluation and audit require explicit objectives and standards for a service before appraisal can begin. There are six dimensions or criteria against which a service can be judged. These are listed in the table below, together with some thoughts about how you might think about measuring success (from Parry and Watts, 1996):

1. *Relevance (appropriateness)*
   Measure the needs of the general population and compare this with the referred population.

2. *Equity*
   Measure an aspect of the general population (e.g. socio-economic status, age, race) and compare this with the referred population.

3. *Accessibility*
   Measure referral rates.

4. *Acceptability*
   Explore patient satisfaction, for example using a variation of the CSQ (Larsen et al 1979), although getting negative feedback is notoriously difficult.

5. *Effectiveness*
   There are many methods of assessing this. If outcome measurement is to be attempted, the differences between evaluation, audit and research need to be remembered. There are good guidelines for interpreting changes in psychometric measurement during therapy (Jacobson & Truax, 1991).

6. *Efficiency*
   Cost-effectiveness is a useful notion, but difficult to apply to many areas of clinical psychology, such as psychotherapy.

You can explore the six dimensions for each of the three elements of a service, for example the relevance of a service structure, the processes, or how they measure outcome.

Doing the SEP: *a practical guide*

A brief summary of the steps involved in having a SEP completed in your service:

1. Devise a topic suitable for a SEP; seek advice if necessary.
2. Complete a SEP commissioning form.
3. The commission is circulated to trainees.
4. If a trainee chooses this project, the initial meeting should be to outline what is needed.
5. When the trainee commits to the project, commissioner and trainee need to complete a SEP contract.
6. The trainee will need to complete either NHS ethics or University ethics.
7. The trainee completes the project in their second year.
8. The trainee completes a write up of the project for the service.
9. The trainee presents at a SEP poster conference at the University. All interested parties are welcome to attend.
10. The trainee submits an assessed report for the course.

Publishing

The SEPS are often of great value to those commissioning them, and we know that they have sometimes influenced service development. They are often of such good quality that they will be shown as a poster at conferences outside of the programme, and publicised by commissioning organisations etc. Sometimes they may be prepared for publication. Occasionally they have appeared in peer reviewed academic journals. More often, they have been published in practice based journals. Consider Clinical Psychology Forum (appropriate for most SEPS), the International Journal of Practice Based Learning in Health and Social Care, or other more specific journals. It's worth discussing this with the academic tutor and trainee.

Conclusions

The Service Evaluation Project is an important element in the development of research skills on the programme. The emphasis is on practical applications, and it allows a great deal of variety in planning and carrying out the project. It may be an audit or service research project, using any suitable method.

The aim is to give the trainees a positive, supported experience of applied research, and in doing so provide a valuable resource for local services.

If you have any queries about the SEP, please feel free to contact Gary Latchford or Anita Dorsett at Leeds University.

Useful References

Barker, C., Pistrang, N., & Elliott, R. (2015). *Research methods in clinical psychology: An introduction for students and practitioners* (3rd ed.). Chichester: Wiley-Blackwell.

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Robson, C. (2002). *Real world research: A resource for social scientists and practitioner-researchers (2nd ed.)* Oxford: Blackwell.

St Leger, A. and Walsworth, J. (1999). *Change-Promoting Research for Health Services: A Guide for Resource Managers, Research and Development.* Buckingham: OUP.

Proposed title	
Commissioner name	
Commissioner job title	
Address	
Phone number	
E-mail	
Background information about the project	
Proposed project, likely method and rough idea of numbers involved	
Expected timescale of the project	

Who will be supervising the project?	
What resources will be provided by the commissioning service	
Where will the project be located?	
How many trainees is this project for?	
Do you anticipate this project will need NHS ethical approval? If yes, what stage are you currently at?	
Please send the completed form to Anita Dorsett (a.m.dorsett@leeds.ac.uk) and Gary Latchford (g.latchford@leeds.ac.uk) on the Leeds DClin programme team.	

This initial contract is to be completed at a meeting between the trainee and SEP commissioner and outlines expectations and commitments.

Title	
Trainee	
Commissioner	
Field supervisor (if different)	
Agreed aims of project (what will be delivered)	
Intended method	
Agreed timescale	
Resources to be provided by commissioners (including amount of field supervision)	
Publication & presentation plans. (Please provide details)	
Any other comments	

Date:			
Signatures	*Trainee*	*Commissioner*	*Field supervisor*

Please note that final project posters and reports will appear on the Programme website unless requested not to by the trainee or commissioner.
Please could the trainee submit this via TurnItIn by the deadline. If they have difficulties with this, please they should email it to Sarah Snowden instead.