

Evaluation of the STAR approach: *The Smarter Spending in Population Health Programme*

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1. Introduction

About the STAR approach

The Smarter Spending in Population Health programme (SSPH) is piloting the Socio-Technical Allocation of Resources (STAR) approach. It is a participatory approach to priority setting that aims to understand how to increase the allocative efficiency of different pathways.

The STAR approach supports commissioners in identifying budget prioritisations and making resource allocation decisions. The methodology behind the STAR approach is an example of multi-criteria decision analysis (MCDA), that allows groups to systematically identify and rank their preferences using criteria including:

- Population health benefit
- Potential to reduce health inequalities
- Cost to the system, clinician or patient.

The STAR approach is being trialled for the Chronic Obstructive Pulmonary Disease (COPD) pathway and has been delivered in five Integrated Care Systems (ICS) to date.

The pilot programme delivered involved:

- Collecting data and evidence on the COPD pathway in each ICS, via a literature review, activity data, and a patient preference survey
- A two-day collaborative 'decision conference' in each ICS, which involved a discussion of how the current pathway operates, followed by a decision-making activity to rank each intervention and identify improvements. The decision conferences were attended by local stakeholders from across the system, including NHS, Local Authority, Public Health and voluntary organisations. Two decision conferences also had patient representatives in attendance
- Modelling pathway improvements in terms of changes to costs and population health gain, leading to each ICS receiving a set of recommended improvements for the COPD pathway.

About the evaluation

The Strategy Unit has been commissioned to provide an independent evaluation of the STAR pilot and its potential impact on resource allocation and decision-making, through qualitative interviews with stakeholders and descriptive analysis of a feedback survey distributed to STAR decision conference attendees.

The aims of the evaluation are to:

- Explore stakeholder perspectives on the delivery of the programme
- Explore the delivery of the programme across different systems and adaptations to reflect local contexts
- Establish what difference the approach makes to immediate actions and longer-term plans
- Establish outcomes achieved as a whole, any variations, and the reasons for them.

This report provides a summary of the evaluation findings.

2. Methodology

Methodology

- Decision conferences were organised for each ICS. After each, the Health Economics Unit (HEU) produced a report including recommendations for improving the allocation of resources in that system's COPD pathway, based on how the interventions were valued at the decision conference
- For the evaluation, the organisers of each ICS's decision conference categorised all staff as either *implementers* or *attendees*. Implementers are expected to play a more significant role in implementing the report recommendations and tend to hold more senior positions. Attendees were present at the conference and contributed to the discussions
- Implementers and attendees were invited to participate in an interview four weeks after their ICS's report had been released. This was to allow for sufficient time for participants to have read the report and for ICS discussions to have taken place. Patient representatives were invited to participate in an interview via a Community Development Worker (Coventry) or patient group organiser (Nottinghamshire)
- If the implementer or attendee did not respond to the invitation to interview after two contact attempts, they were sent a feedback survey
- The interviews with stakeholders aimed to understand participants' views on the STAR approach, what impact they think it may have on resource allocation and decision-making in their ICS; and why or why not
- Separate topic guides were used for implementers and attendees. Interviewees were asked for permission for the interview to be recorded and transcribed
- Thematic analysis was conducted on the transcribed data by two researchers. In the first stage of the analysis, researchers familiarised themselves with the data and produced a code book. Similar codes were clustered together under an overarching parent code. All data was coded before moving on to interpreting and reporting the findings
- Where position statements from the interviews or survey are made, these are referenced as either majority or minority findings. Where majorities reflect over 75% of responses, these are referred to as large majorities. Where minority findings reflect more than 25% of responses but less than 50%, these are referred to as large minorities.

Methodology (cont.)

Table 1 describes the number of participants at each ICS's decision conference. Three of the five decision conferences (Coventry, Nottinghamshire and Gloucestershire) had patient representatives in attendance for at least one of the decision conference days.

ICS	Number of implementers	Number of attendees	Number of patient representatives	Total participants
Coventry	3	13	4	20
Northamptonshire	7	7	0	14
Nottinghamshire	3	18	1	22
Gloucestershire	3	28	2	33
Birmingham and Solihull	7	13	0	20

Table 1: Description of participants attending each ICS's decision conference.

Table 2 describes the date that each ICS's report was provided to them, and the number of interviews and surveys completed by decision conference participants.

The feedback survey was only shared with participants who did not respond to an interview request, which is why the number of survey responses can be smaller but appear as a larger proportion.

ICS	Report release date	Number of interviews (proportion of participants)	Survey responses (proportion of survey recipients)
Coventry	1/3	7 (35%)	1 (11%)
Northamptonshire	13/2	8 (57%)	2 (40%)
Nottinghamshire	7/3	3 (13%)	0 (0%)
Gloucestershire	4/4	2 (6%)	2 (11%)
Birmingham and Solihull	21/4	6 (30%)	1 (8%)
Total		26 (24%)	6 (13%)

Table 2: Proportion of decision conference participants who attended an interview or completed the feedback survey.

Limitations

There are a number of limitations to this report:

- Engagement from ICSs has varied, resulting in different proportions of participants participating in an interview or completing a survey, ranging from 6% in Gloucestershire to 57% in Northamptonshire
- Although five patient representatives participated in three of the five decision conferences, none have agreed to participate in an interview. Requests to participate in an interview were made via a Community Development Worker or patient group organiser and this may have affected take-up
- While participants were contacted for interview four weeks after receiving the report, not all ICSs disseminated the report within this timescale. As a result, some interview participants had not seen the report at the time of interview
- The timescale for the evaluation in providing learning on the STAR approach for the programme meant that participants were asked to reflect on whether they expected the report to influence decision-making, rather than a longer timescale which would have enabled the evaluation to explore what decisions were made and why
- There was limited engagement from clinical staff; this was anticipated within the timescale of the research, due to their workload and capacity pressures
- Given that the feedback survey was only sent to individuals who did not respond to the invitation to interview, it may be that they have engaged less with the programme and may be more likely to give negative feedback.

3. Evaluation findings

a. Wider programme context

This section summarises participant feedback on how they became involved in the SSPH programme. It reviews participants' awareness of the STAR approach, involvement prior to the decision conference, and previous approaches to decision-making.

Awareness of the STAR approach

The 26 interview participants learned about the SSPH programme in various ways:

- The majority of participants found out about the programme through word-of-mouth from colleagues, managers and groups or strategic boards they are a part of. This included being informed about or invited to take part in the programme by senior staff such as commissioning managers, Chief Financial Officers and Chief Medical Officers
- Participants discussed how the HEU had been in contact with senior managers as part of agreeing and arranging their ICS's participation (see below), and information provided about the programme was cascaded down to them as stakeholders
- A minority of participants found out about the programme through direct contact with the HEU. This included those who had meetings with the HEU team and those who attended presentations delivered by them to clinical groups and boards, such as the respiratory integrations group.

A minority of participants reported being invited to take part due to work that was already underway and its close alignment with the programme. These participants were from Coventry, Northamptonshire and Birmingham & Solihull ICSs who had already been involved in work focusing on revising the COPD pathway and reallocating resources across their system and public health.

Initial information about the programme

Participants reported that they received information about the aims and objectives of the programme when they were invited to take part. A large minority of participants across attendee types were provided with information through emails and information packs. These materials covered the purpose of the STAR approach and an overview of the approach. A minority of participants received information through meetings or introductory sessions with the HEU. These participants included senior respiratory clinicians and implementers involved in establishing the SPPH programme in their ICS.

- The majority of participants who discussed receiving pre-programme information reported that it was sufficient and helpful in giving them an understanding of the approach and the process involved, without unnecessary detail

"I was shared some slides, I think I saw a couple of presentations as well, which were really helpful about the process."
Northamptonshire

- A few participants, who were from Nottinghamshire, Northamptonshire and Birmingham & Solihull ICSs reported issues with the information provided at this stage. These include:
 - The information was too technical and challenging to understand
 - Some stakeholders do not always read information provided by email and may have missed it
 - Information about the programme was not cascaded down from ICS executives who had agreed to take part in the programme.

There was some previous experience of the STAR approach amongst a minority of participants. This ranged from hearing about the approach or having a theoretical understanding of it, to those who had attended training on it, and those looking to use it in their work or using it for different pilots within the NHS i.e., a clinical stewardship approach for heart failure. Two participants from Birmingham & Solihull and Northamptonshire ICSs discussed how they had previously considered how to use the approach to compare the value of services and interventions prior to the programme.

Participant preconceptions

Despite recognising the potential benefits, a large minority of participants described how they had concerns about the programme when they initially found out about it. These included:

- Uncertainty about how they would move forward with the programme and put recommendations into place alongside other work happening in the system
- Whether outcomes of the programme would tell the system what they already knew and therefore it would not be that useful
- The unavailability of accurate data used to inform decisions in the programme
- The use of a new approach and apprehension about whether it would work in practice, whether everyone would be able to contribute and how the decision conferences would be aimed at all audiences involved, including patients
- Lack of engagement from stakeholders due to winter pressures.

Stakeholders' involvement before the decision conference took place

A large minority of participants, mostly implementers, discussed their involvement with the programme to plan and prepare for the decision conferences. These participants were involved in a range of activities such as project management, gathering data for use in the programme, delivering patient surveys, reviewing documents and identifying and inviting ICS stakeholders to the decision conferences.

Three participants involved during the initial stages of the programme highlighted good communication with and support from the HEU team which helped them fulfil their role.

"They were a great team. They're very, very knowledgeable, clearly know what they're doing and really, really have done a great job I think overall. In terms of the day-to-day interactions, they've been great and respectable and really receptive of the challenges we faced in terms of trying to get a decision conference in at a period where we haven't got staff that can input into it because they're busy."
Birmingham & Solihull

However, there were also some challenges for participants who supported this phase of the programme:

- One participant discussed a long lead time between first contact with the HEU and the decision conference. They suggested that it would have been helpful for the HEU to manage their expectations at the beginning and let them know that they may not hear from them for a while as they get all the of the data and information ready for the decision conference
- One participant suggested that there were time and capacity pressures whilst supporting the programme during the initial phases. They called for more project management support from the HEU team including help engaging with the ICS stakeholders.

Previous approaches to decision-making

Participants discussed approaches they normally use for decision-making and how they compare with the STAR approach.

The majority of participants across ICSs apart from Nottinghamshire discussed approaches they had used for decision-making, including meetings/discussions with managers or clinicians, methods that aligned with STAR involving ranking or prioritising different options, and the use of decision-making tools and frameworks. Table 3 lists the decision-making tools as specified by the participants from the ICSs.

Integrated Care System	Decision-making tool
Northamptonshire	The Treasury Green Book
	National Institute for Health and Care Excellence (NICE) guidance
	Risk-benefit and Strengths, Weaknesses, Opportunities, and Threats (SWOT) analyses
	Clinical Stewardship
	Paired comparison and decision trees
Gloucestershire	Porter and Lee value-based healthcare framework
Coventry	The Portsmouth Framework (to prioritise business cases)
Birmingham & Solihull	National Institute for Health and Care Excellence (NICE) guidance

Table 3: Decision tools previously used, as specified by participants from the ICSs.

3. Evaluation findings

b. The Decision Conference

This section summarises feedback from participants on the decision conference, including reflections on the pre-conference information pack, the format and facilitation of the decision conference, participant representation, and the decision-making activity.

Reflections on the pre-conference information pack

Before the decision conference, all participants receive an information pack containing a summary of the STAR approach, the population health of their ICS, and an overview of the current COPD pathway.

Four survey respondents reported that the population health information was the most useful part of the information pack.

Half of the participants who commented on the pre-conference information pack reported that it was useful to have in advance of the meeting. A majority of participants reported that the information pack was 'thorough', though some felt that there was too much information to take in.

"So they sent out a detailed information pack about it...there was probably way too much information. I think it was about a 100-page document. It was very comprehensive, but whilst I worked my way through it, it wasn't necessarily built on in the sessions. I can imagine people looking at it thinking, 'I'm not going to engage with that.'"
Nottinghamshire

One attendee commented that whilst it was useful to have some information beforehand, reading the pre-conference information pack ahead of time was not required, as the facilitator reviewed the material at the start of the decision conference, which meant they were still able to fully participate.

Two participants suggested that sending the pre-information pack further in advance of the conference, and then alongside a reminder shortly before the conference, may encourage more people to review and be familiar with the material.

"Maybe they could have gone out a bit sooner for stakeholders. I think in terms of communication...gearing up stakeholders well in advance with regular communication to let them know this is coming."
Birmingham & Solihull

Participants who were unable to attend both days reported that the pre-conference information pack enabled them to understand the STAR approach.

"It helped me, especially going on the second day when I hadn't been at the first...it was really good because I understood what they were talking about from the day before, which I perhaps wouldn't have done if I hadn't had that information. It was quite thorough."
Coventry

The Decision Conference

Amount of time to discuss and value the COPD pathway

- A minority stated that there was not enough time to discuss everything that they wanted to

"We didn't have enough time towards the end, if we'd have had time to go one more cycle back round to say, 'OK, those ones we thought about earlier, are they right?'"
Coventry

- Based on the amount of content to cover, and the resource implications for people who attend, a large minority felt that two days was the right time commitment

"You wouldn't have been able to shorten that, but having said that, you won't be able to then extend it either, I mean, even in the 2 days, especially for some of the doctors in the hospital."
Coventry

Accessibility of the information

- A large minority of participants described the content as accessible and that they were able to understand it. A few described how the way the information was presented made it accessible

"Yes, I think that is quite technical and it's a big part of what the STAR outcomes are, so if you don't really understand that, or understand the meaning behind it, the tool has its limitations really doesn't it."
Northamptonshire

- In contrast, a minority of participants stated that the visual illustrating the value for money triangles were very technical.

"Took a while to understand the triangle visual - but obviously as soon as you realise how it goes against the cost, and you get your little triangle, it was really interesting. It was good to have that visual."
Coventry

Task: ranking the interventions

Participants' objectivity

There were differences of opinion about whether the decision-making activity was subjective or objective.

- A small minority of participants argued that personal experiences, opinions and individual agendas were driving discussions. Two participants described their disagreement with how certain interventions were being ranked

"Everybody is giving their own slanted view of the world and you're not going to get to the version of the truth you need to make the patient-led decisions."
Nottinghamshire

- However, a few participants reported that the activity allowed objectivity, since the decisions needed to be shared and justified and therefore they were not based solely on self-interest and protection of own budgets

"There's always a risk of things like that when you've got providers there... are more focused on protecting their budgets and funding going forward and can maybe skew debates but it didn't come across as that, people were more open and honest"
Northamptonshire

Effectiveness of the activity

- A small minority of participants mentioned the active role that they played in the activity and highlighted that this was different to other situations and approaches. The structured nature of the discussion was also considered to facilitate decision-making. It was noted that the task was valuable for bringing together different viewpoints, refining their thinking and arriving at a consensus.

"I think for me the most valuable bit was the part of the process where they got people to rank on a scale where certain interventions lay. So I thought that agreeing consensus was the most useful part"
Nottinghamshire

Task: ranking the interventions

Task difficulty

- A large minority of participants reported that ranking the interventions was difficult

"It was difficult to rank the interventions trying to make that distinction of 'okay, well, not everything can be equally as valuable as everything else, so then how do we work what is and isn't valuable to the broader spectre of people?"
Northamptonshire

- Two of these participants stated that they did not think everyone understood the task. Another described inconsistency in scoring between groups, due to unclear parameters

"We scored things as, 0 or 10. But they were probably more like 70 or 80 but it was because our concept of 0 and 100 wasn't in alignment with the other groups."
Coventry

- Lack of information and time were also considered as factors adding to the difficulty of the task
- A few participants described more fundamental challenges. One described the discussions becoming heated and difficult, as all the interventions were important to different stakeholders. Another reported that there was suggestions to do more of everything, yet little focus on what there could be less of. The third was not expecting that the changes suggested would or could be applied.

"In real life, you know that those things weren't going to happen. Maybe time was used there that would be better used for things that we know we were actually going to be given the opportunity to deliver."
Northamptonshire

The decision conference format

A large majority of participants who discussed the format of the decision conference preferred the in-person decision conference. An in-person format was preferred over virtual delivery due to:

- The ability to network with colleagues from across the system

"For something like this, it was great to actually have it face-to-face and sit and speak to people, and network, and learn more about people and what they think, and explore topics more deeply"
Nottinghamshire

- Increased interactivity and greater engagement

"Even if I wasn't sure and they could see that I wanted to say something, they'd be like 'Well what do you think?'. There's still that little bit more interaction. Whereas, online you feel a bit more nervous to say something"
Birmingham & Solihull

- Easier for participants to contribute to the debate and raise questions for specific attendees

"So I think they probably are better done in-person because then you get everybody's full attention all the time whereas in a Teams meeting it's easy for people to get side tracked and do other things at the same time. I think it's better, the one in-person felt more engaging."
Nottinghamshire

- More enjoyable and straightforward to take part in.

"It would have been harder to do just in breakout rooms online. And it was possibly a bit easier and quicker to discuss things and debate the effectiveness of each intervention face-to-face. If we all had to put our hands up in a zoom meeting it would have been less effective"
Birmingham & Solihull

Reflections on the facilitation

Facilitation of the decision conference was discussed positively by a large majority of participants. The team were described as:

- Knowledgeable, with a good understanding of the STAR programme and its delivery
- Able to explain complex content clearly, for example the theory behind the STAR approach

"They were really good, and also because it's a hard topic to explain, particularly in terms of the STAR modelling itself. But I think they did that really well. I understood it, I'm not the brightest tool in the box, so if I understood it, I think most people would understand it. I think they did a really good job, it's not easy to do that."

Coventry

- Accommodating and patient
- Engaging, including being good at encouraging discussion

"I think the facilitators were really good at encouraging discussion. Listening to the discussion and then getting opinions from all areas."

Coventry

- A minority of participants commented that it was essential to have a facilitator guide the group through the STAR approach.

"The team were there and were talking us through it. So I think the material, by itself, can't stand by itself. It does need somebody to explain it to others."

Gloucestershire

External facilitation was also cited as a contributing factor to ensuring that the process was transparent and objective.

Stakeholder representation

The majority of participants stated that there was good representation of staff from across each ICS and this allowed for a range of perspectives to be conveyed.

"You get lots of different perspectives. It's great that you can get people from all walks of pathways from secondary care to primary care, local authority, public health, that type of input, you know, that's quite rare."
Birmingham & Solihull

However, a minority of participants across the participating ICSs commented on a lack of representation.

- Three participants noted that there were very few providers from primary or secondary care present. This was attributed to the time commitment required by the decision conference which made it challenging for clinicians to attend

"When you only have one GP and you only have one practice nurse, that is one person's vision, one person's experience, and one person's business opinion. I know that not all general practices are the same and I know that not all practice nurses are the same. So, I think more than one from each background would be helpful."
Gloucestershire

- A few participants reflected that there was insufficient representation from the community, third sector, and patients
- The contribution of patients was highlighted by two participants, who explained that they provided a different perspective and shaped the discussions.

"We had a couple of patient representatives with us and it was really interesting that some of our clinicians felt very strongly about certain things being really good interventions... And our two patient representatives sat there and said, 'Well, that hasn't been my experience so I don't rate them at all because I haven't got anything from them'."
Gloucestershire

Stakeholder representation (cont.)

- A few participants commented on the lack of decision-makers and argued that more were required for the decision conference to be effective.

"If none of the people that were going to make the decisions were there then you're going to have to have the same conversation, like, again to actually make the decision"
Nottinghamshire

A minority of participants discussed how there was not an even spread of representation from across the ICS geography:

"It was very unbalanced. It was full of professionals who are working in that area, nurses, doctors, GPs, you know, all of that. But, as I say, three or four participants of the RIPPLE group actually."
Coventry

There were mixed views about whether all participants were able to contribute.

- A small minority of participants described how there was an opportunity for everybody to contribute and that all views were acknowledged. One participant described how the opportunity to discuss ideas in small groups enabled them to then share their views to the wider group

"Everybody had an opportunity for their voice to be heard. I felt comfortable in raising a few points and the patients did as well, so I think, yes, it seemed like a good forum for that"
Coventry

- However, a further small minority felt that the discussions were dominated by the larger and more vocal 'groups'.

"You have a group that are passionate about an area and they come in and they talk very loudly, then you find that that is felt as a system to be a significant important focus, when that isn't necessarily the wider view"
Nottinghamshire

3. Evaluation findings

c. ICS-specific reports

This section summarises participant feedback on the STAR report produced for their ICS. Fewer participants' reflections contribute to this section because not all interview participants had reviewed the report at the time of interview. Reflections on the reports cover timeliness, accuracy, usefulness and applicability.

Reflections on the timing of the report

The majority of participants who discussed the timing of the report highlighted a long delay between the decision conference and receiving it. These participants were from Northamptonshire, Coventry and Nottinghamshire ICSs.

- One participant reported the delay in receiving output from the SPPH programme impacted discussions with a place-based partner as they were unable to provide them with the information they needed because the report was not ready. There were calls for a more timely output to support planning discussions, the implementation of recommendations and to maintain the momentum of the programme

"We could do with the report quite soon afterwards and then the engagement with us as an organisation to make us think about how we're going to use the report, and that perhaps hasn't helped. The trouble is, it has been and gone."
Coventry

- Three participants from Gloucestershire and Northamptonshire ICSs discussed receiving the report close to the end of the financial year and using it to inform planning and contracts
- One participant from Gloucestershire ICS stated receiving the report close the end of the financial year was helpful as it allowed them to plan for the next 12 months and start conversations with the wider ICS around what work needs to be done
- Others reported needing the programme and report to align with contract timing, as missing this means the recommendations cannot be acted upon until months later. They suggested that if they had received their report any later, they would not have been able to use it to plan for the 23-24 financial year.

A large minority of attendees discussed not receiving any information about the outcomes of their decision conference after taking part. Because of this, they suggested that it would be for attendees to have some earlier, more informal feedback about the outcomes of the programme and their ICS's plans for the recommendations.

Reflections on the accuracy of the report

The majority of participants who discussed the accuracy of the report agreed that the report reflected their discussions accurately and provided a summary of what had been agreed.

"With anything like that, it can sometimes get lost in translation, can't it? But yes, reading through it there was nothing in it where I went, 'Well, that wasn't what we said,' or 'That wasn't, that doesn't fit with what we discussed,' or 'Where we placed it on our line or whatever,' so I think it was a fair representation of what we did."
Gloucestershire

However, the majority of participants from Northamptonshire ICS who reflected on the accuracy of the report suggested that the initial iteration did not fit with their system, as the information in the report conflicted with the work the system was doing, nor reflect the agreements reached during the decision conference. Participants discussed the inaccuracies with the HEU team who amended the report in line with their feedback. The next iteration of the report was reported to reflect the discussions more accurately by two participants. However, one still felt the final output did not reflect their discussions. Due to this experience, it was suggested that the HEU team work more closely with systems when creating the report to sense-check the outputs with them.

"It was an interim report and they're saying, 'Well this is what we've got here,' and I was thinking, 'I understand that, but this doesn't quite make sense.' So it was, sort of, refreshed and more emphasis given to certain things. And then, when the final came out, and we took it to our respiratory [group] everyone understood, 'Okay, this makes sense.'"
Northamptonshire

Usefulness and applicability of the report

There were mixed views on how useful the report and its recommendations were. A large minority of those who discussed the usefulness of the report highlighted the following benefits:

- It has prompted and facilitated conversations within the ICS about what work needs to be done on the COPD pathway
- It provides a robust evidence base which supports decisions and challenging conversations around funding in the ICS
- It provides a different way to present evidence to stakeholders i.e., in a visual way or in sections that can easily be pulled out.

"This is so much more in depth, is a much better report, is a much better evaluation of where we are now and where we might like to be, and how could we get between the two points using all of the tools that are available rather than if I'm just one person and I go to Business Intelligence and I say, 'I'd like to prove or disprove this point, can you help me?'"
Gloucestershire

However, a large majority of those who discussed usefulness of the report highlighted the following uncertainties:

- Uncertainty about the availability of community services data
- Uncertainty about how well the patient survey represented the population
- Uncertainty about actions from the report, including the steps to take and who is responsible for them
- The report not having a significant impact on the COPD pathway due to anticipated barriers to implementing the recommendations. For example, challenges in reaching agreements on actions to take within their system and the reality of moving funding around the wider system, which was reported to be difficult.

As a result, some participants requested more structure for ICSs around what to do with the report once it is shared, as well as a follow-up call from HEU to check how implementation is progressing for the ICS.

Three participants from Northamptonshire and Coventry ICSs suggested that the report was long and that a more concise version of the report or summary would be useful in order to understand the outputs quickly.

3. Evaluation findings

d. Potential impact on decision-making

Findings in this section are caveated with the understanding that this summary is related to participant expectations, as opposed to the impact that the STAR approach has had on decision-making in their ICS. Themes explored in this section are the application and influence of the report's recommendations, barriers to implementing the recommendations, and overall reflections on the STAR approach.

Immediate plans for implementing the report recommendations

A large minority of participants from Gloucestershire, Birmingham & Solihull, Nottinghamshire and Northamptonshire ICSs discussed the steps they had taken, or planned to take, after receiving the report. Two survey respondents reported that participating in the STAR programme had had a small influence on decision-making in their ICS. Immediate plans included:

- Discussing the information from the report with relevant stakeholders and using it to determine system priorities
- Grouping the report with other data to make respiratory conditions a priority for the system
- Using the report to plan next year's work
- Deciding how to implement the recommendations or creating a strategy for actioning them, including who will be involved and how to share them with the wider system and executive boards.

Immediate plans also included using the report as a conversation starter and disseminating it to different stakeholders across the ICS to discuss it with them and gather feedback. This included presenting the report to senior lead meetings, at a clinical engagement conference, to respiratory board and leadership groups, elective care boards, clinical practice groups and GP groups.

One participant from Northamptonshire ICS discussed plans to merge community services and pulmonary rehabilitation activity together to create a community information hub which triages patients. This new way of working was a result of conversations between stakeholders at the decision conference. The attendee reported that pulmonary conditions are high in the community and the team have secured funding through place-work to deliver the hub in a specific area of Northamptonshire.

One participant from Birmingham & Solihull ICS discussed how the report highlighted a lack of information about the ICS's community services. This has encouraged them to find out why this data is missing and what they can do to obtain it so they can have the full picture of the pathway before implementing the report recommendations.

One participant from Coventry stated their ICS was prioritising other work and there would be no immediate actions following the report. However, they suggested that it was useful to have it 'on the shelf' if needed in the future.

Longer-term plans for implementing the report recommendations

Participants provided limited reflections on the long-term plans for implementing the recommendations in their ICS's report.

A minority of participants discussed their long-term plans for the report. Future plans included:

- Using the report to transform the wider respiratory pathway
- Applying allocative efficiency and the principles from this programme across other pathways, such as the heart failure pathway.

There were calls for the HEU to support ICSs with this in some way, such as providing a toolkit or training videos on the approach.

"I don't necessarily think that it'll just be a positive impact for respiratory. I think potentially people will start thinking about all sorts of things in a different light and in a different way because of our experience, because of how we found it, because we can explain about how we've come up with these solutions, what methodology has been used, all of those sorts of things."

Gloucestershire

There were also plans for system partners to work more closely together in future. One participant suggested that even if the report only starts conversations now, they hoped it would provide easier access to funds or resources in the future.

Despite some immediate and long-term plans, the majority of participants reported uncertainty about what the plans for the report recommendations were and whether they would have an influence. This was due to not enough time passing by the time of the interview to know what impact the recommendations will have, not knowing what the next steps for implementing the recommendations are or knowing who is responsible for which actions and a lack of clarity on who needs to sign-off decisions.

A minority of participants raised concern that it would be frustrating and disappointing for stakeholders if nothing happened with the recommendations, or they never found out what had happened or changed in their ICS as a result of the programme.

Barriers to implementing the report recommendations

A large majority of participants discussed anticipated barriers to implementing the report recommendations.

Difficulty translating the report recommendations into practice

14 participants discussed the challenge of being able to reallocate funding within their system in line with the recommendations:

- Moving funding around was seen as a complex task that involves a lot of governance structures that can be difficult to navigate, especially as contracts and relationships with providers are already in place
- It is not always feasible to take funding from acute services in favour of prevention as recommended in the report
- There was uncertainty around budgets, with NHS restructuring making it difficult to know what money is available, and, during a period of financial constraints, it was reported there is not enough flexibility to start moving funding around.

Differing views of stakeholders in the wider system

A large minority of participants highlighted that culture change was needed within the NHS to embrace the STAR approach. Reaching agreements on funding decisions was reported as challenging due to different views, a lack of system thinking, and a lack of long-term planning. Although the STAR approach is designed to address this, participants expected these existing challenges would make implementing the recommendations difficult when introducing them to the wider system and those not involved in the SPPH programme. Participants also discussed how the NHS historically focuses on cost rather than value. Because of this, they anticipated difficulty influencing those who can make financial decisions, such as Chief Financial Officers, who are used to focusing on cost and might not see the benefit of investing money in interventions that do not result in obvious financial gain for their organisation, even if they bring a system benefit.

"The tricky part now comes with actually moving funding around. Because when you've got different organisations, they've got their own priorities and when you start saying, 'Well we're not going to fund this element, we're going to take that funding and put it somewhere else.' And those are kind of tricky conversations to have and it's how do we start to navigate that?"

Birmingham & Solihull

Barriers to implementing the report recommendations

Lack of support to implement the recommended changes

A large minority of implementers, who were from Coventry, Birmingham & Solihull and Northamptonshire ICSs, called for the HEU to offer more support to them when enacting the recommendations and reallocating funding following the report. Suggestions on how to do this included:

- Providing participants with a realistic budget for the pathway during the programme so they can look at the reality of reallocating funds in their system
- A clear route from the stakeholders to decision-makers after the report is shared
- Endorsement of the programme and its outcomes from decision-makers prior to the programme taking place.

Competing priorities

A large minority of participants also described how when system priorities do not match the recommendations of the report, it is a challenge to implement them. Examples cited were where the system was already prioritising a different pathway or area of work, or where the ICS was seen as too immature to be able to implement the recommendations.

NHS England (NHSE) guidance and priorities were also raised as barriers to implementing the report recommendations, as they were seen to directly contradict them. It was felt that regardless of what was decided in the programme, NHSE priorities need to be followed i.e., wanting more pulmonary rehabilitation.

"It almost seemed quite deflating to get to the end of it and the things that were recommended I know I'm not going to focus on because I'm absolutely being pressured to meet the NHSE targets of delivering more pulmonary rehabilitation to COPD patients."
Northamptonshire

Three participants raised the challenge of ICS stakeholders not having the capacity and time to move things forward with the report or to have discussions with decision-makers.

Overall reflections on the STAR approach

A large majority of participants were positive about the STAR approach and highlighted the benefits of using it to make decisions. Reasons given included:

- How the approach brings together all the stakeholders involved in the pathway, including patients, and supports them to make decisions whilst looking at the whole system rather than in isolation
- The output provides an evidence base that can be used to support conversations about the allocation of funding and making changes within the system
- The approach offers an objective, structured and robust way of looking at the system and the interventions it delivers
- The approach is focused on the outcomes and value rather than activity or cost-driven. Gathering value-based data is not necessarily something systems can do and the approach provides complex information in an easy-to-understand format
- One participant reported that the conference brought everyone together in a proactive way rather than having to make decisions in reaction to NHS mandates or NICE guidelines, which can be difficult. Because the STAR approach requires this from the outset, it facilitates joint working
- One participant discussed how with current financial pressures within the NHS, the STAR approach supports a focus on how existing resources can be used most effectively.

"My overarching thought is the way that ICBs/ICSs need to work going forward is in that kind of template where you put all the information into the resource users, and then make informed decisions around pathway change, rather than it being coming up with a business case in isolation, and work around the system. You do it from the outset to say, 'Look, this is what is currently happening, and we'll move on from there.' I think, overall, my impression of the process is very positive."

Northamptonshire

Overall experience of the programme

A minority of participants, who were mostly implementers, highlighted some challenges with the STAR approach. These included:

- The amount of time the approach can take and not having long enough to do the process justice as it is so comprehensive
- The challenges of trying to take everyone's views into account as well as follow NHSE guidance and clinical safety, which seemed to be a missing element of the discussions i.e., a service cannot stop spirometry even though it scored as low value in the decision conference as it is required to diagnose those with COPD in line with NHSE guidelines
- Difficulty shifting clinicians' focus onto value rather than cost, as it is not something they are used to.

When discussing what it was like to take part in the programme, a large majority of participants reported their overall experience of the programme to be positive. Participants described the programme as useful, enjoyable, educational, a chance to try a new approach and an opportunity to learn about their system's wider work. One participant also highlighted the professionalism of the programme and the facilitation from the team as contributing to a positive experience.

A small minority of participants highlighted some concerns when discussing their overall experience of taking part. These participants were from Birmingham & Solihull, Northamptonshire and Coventry ICSs. As highlighted in the discussion of barriers in section 3d, this was due to uncertainty about the programme outputs and whether the outcomes of the programme would have an impact in their system.

"It was good, it was nice to understand about the STAR programme, it was nice to network and meet people. It was good to incorporate some of the public health approaches within the programme. It was great to feed into it, but [they] need to ensure that it's fed back and decisions are made from it."

Northamptonshire

4. Summary of findings and recommendations for improvement

Summary of findings

Finding	Slide
The pre-conference information pack was useful at providing context and explaining the STAR approach for those who read it.	17
The decision conference was a good opportunity to bring stakeholders together from across the system, enabling them to build relationships and communicate more effectively than if they were participating in a virtual call.	21
The facilitation of the decision conference was interesting, explained technical concepts clearly, and supported participants to contribute to the discussion.	22
Although there was a wide spread of attendees at decision conferences, they were not always sufficiently representative of the multiple stakeholders across ICS geographies.	23
Most ICSs described how the report was not shared when expected, leading to delays that impacted on how it could be used as part of the planning cycle.	26
Following the delivery of the report and the recommendations for their ICS, the majority of stakeholders were uncertain or unaware of the actions that they needed to take and the colleagues they needed to work with to enact change.	28
All of the ICSs, except Coventry, had plans for how they would use the report in the immediate future - sharing with partners and using the findings as a resource for planning. But they were not always clear about how it would influence longer-term change.	30
Immaturity of system working was cited as a significant barrier to implementing the recommended actions for each ICS's COPD pathway. Factors contributing to this included the governance structures preventing moving funds around the system, a focus on the cost rather than the value of an intervention, and a lack of long-term budget planning.	32
Competing priorities, including where the recommended actions contradict a system's own plan or NHSE/NICE guidance, was also cited as a significant barrier to enacting the recommendations of the report.	33

Table 4: Summary of findings with the corresponding slides containing further analysis.

Recommendations for improvement

1. The pre-conference information pack should be provided with a summary, with a clear infographic explaining the 'need-to-know' behind STAR.
 - This may help to encourage engagement with the pre-reading, as well as set expectations about the work that is required before and during the decision conference, and after the recommendations report is produced. Increased engagement prior to the decision conference may also help mitigate concerns about participating in the programme.
2. Stakeholder engagement should be varied to ensure the decision conference is well-supported by colleagues from different NHS providers, the local authority, and voluntary and community sector organisations.
 - Engagement should include key decision-makers within the organisation. Whilst it is unlikely that the decision conference will be attended by those in very senior roles, decision-makers should be included in communications and engaged in programme planning so that they know what actions they will be expected to take after the report has been shared.
3. More support could be provided to systems – engaging key senior stakeholders throughout the process – including before and after the recommendations report is produced.
 - Providing more support to systems to engage key stakeholders may increase attendance at the decision conference and interest in its implications. Additional support after the decision conference may help systems understand the changes that are required and who is best placed to enact them.
4. The timing of the decision conference and subsequent report should account for the planning cycle of the system.
 - Providing the report with recommendations close to or soon after a new financial year made implementing the recommendations more challenging for the system.

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