

## Monitoring and evaluation for Health Links

### Evaluating the impact of the Health Link on the UK Partner

**Who is this guide for?** UK health professionals involved in a Health Links and evaluators of Health Links

**What is it for?** To give ideas and guidance on how to evaluate the outcomes for the UK partner of involved in a Health Link.

**How should it be used?** To help put together an evaluation plan for the Health Link. Start planning the evaluation early, to you are collecting the right data.

**What are Health Links?** Health Links are long-term partnerships between UK health institutions and their counterparts in developing countries. The aim of Links is to improve health services in developing countries through the reciprocal exchange of skills, knowledge and experience between partners in the UK and those overseas. Links can operate between a diverse range of formal health institutions (including colleges/universities, teaching hospitals or training centres, hospitals, NHS Foundation Trusts, non-governmental organisation run clinics, non-profit health practices and health ministries) and cover numerous disciplines.

#### 1. Why do you want to evaluate the impact on the UK partner?

It is good to start any evaluation plan by identifying who your key stakeholders are and asking them what they want to learn from the evaluation. For example, Boards of NHS Trusts in the UK sometimes ask for evidence of how a Health Link can contribute to the development of their own Trust.

Examples of people who might have an interest of the impact on the UK partner would be:

- The Trust Board
- Managers of staff involved in the Link
- Other health professionals thinking of getting involved in the Link
- Other NHS Trusts thinking of getting involved in a Link

Start by **asking your priority stakeholders** (for example the Trust Board):

- Why do you support the Link?
- Why did you get involved in the Link?
- What do you want to know about the link?
- What would a successful Link look like to you?

Some examples of **evaluation questions** which would be generated from this process might include:

- What skills and competencies does involvement in a Link bring to NHS staff? (both those directly involved in a Link, and their colleagues)
- What are the costs (and opportunity costs) to staff / the NHS of getting involved in a Link?

## 2. Identify expected outcomes and indicators

In the same way that you have identified the expected results of your activities for the developing country partner (for example improved clinical skills, better patient care etc), set out what you think are some of the main outcomes you would expect to see for UK staff involved in the Link. Your discussions with your stakeholders will be a good starting point (see the questions above). Some potential **benefits**<sup>1</sup> are set out below:

### Personal

- Personal satisfaction/inspiration
- Learning about different cultures
- Appreciation of NHS/sense of perspective

### Professional

- Understanding of patients from relevant part of the world
- Clinical skills improved, and basic skills refreshed without dependence on high-tech machinery
- Familiarisation with pathologies that are less common in UK (but may grow there)

### Non-Clinical professional skills

- Improved teaching skills
- Development of resourcefulness
- Greater awareness of how to avoid waste and work with few resources
- Team skills enhanced by interdisciplinary team effort
- Opportunities for publication

### Organisational

- Enhanced reputation of the organisation
- Improved job satisfaction, retention and motivation of committed staff
- Attracts NHS staff to the organisation

### Universities

- Improved global reputation
- Good framework for student electives
- Helps recruit committed students
- Opportunities for publication

As you will see there are many potential benefits, and you may wish to focus on two or three key indicators for your evaluation to explore.

An evaluation should not just look at the positive benefits of involvement of the Link. In order to learn and improve, you might also want to ensure you are evaluating what the disadvantages and barriers are- both for the NHS organisation and for the individuals involved. Some **disadvantages** might include:

<sup>1</sup> Benefits and disadvantages taken from *The International Health Links Manual* (2009) by Maia Gedde, THET Anna Downie, THET Evaluation and Learning Manager  
1<sup>st</sup> June 2010

- Risk of exhaustion, stress, from overseas Link activity
- Neglect of family while engaged in Link work on top of normal demands
- Annual leave used up if no study leave allowed. Higher risk of accident or security problems in some cases.
- Problems of arranging cover and imposing on others when absent on Link business
- Finding alternative cover when people are away on Link business
- Opportunity costs; time and resources expended on Links are not available at the same time for other expressions of Corporate Responsibility or organisational improvement
- Need to manage security risks
- Distraction from financial imperatives of the Research Assessment Exercise

One approach to evaluating outcomes for staff involved in the link is to **base your indicators on the core competencies** required for them to complete their training or fulfil CPD requirements. For example one Link<sup>2</sup> asked the question: could trainee doctors working overseas obtain experience that would meet with the criteria outlined in the Foundation Curriculum? They looked at the Foundation Programme syllabus and the GMC's Good Medical Practice and reflected on how their overseas work met the criteria.

### 3. Methods

Once you have identified who wants to know what from your evaluation, and you have identified potential outcomes for NHS staff, you need to think about what methods will allow you to collect the kind of data you need to answer your evaluation questions.

This can be a challenging area to evaluate because often the main benefits identified are often fairly intangible outcomes such as 'increased motivation' or 'better skills at coping in a resource poor environment' etc. In these cases, you have three options:

- Ask for staff involved to give a self-assessment of the impact of the link against these kinds of outcomes
- Ask for the managers and colleagues of staff to assess whether they have observed any changes against these outcomes in the member of staff participating in the link.
- Further develop your indicators to identify more specifically what actions you might observe if the outcomes had happened (ie how would someone who was more motivated behave? For example this might be measurable within staff retention rates)

#### Case studies on the personal impact of Health Links

THET is aiming to document through case studies the experiences of UK health professionals who have not previously travelled overseas with a Health Link who are about to do their first trip.

If you know of anyone in this situation, please contact us as we are conducting short interviews with health professionals about their expectations and reasons for getting involved in the Link. We will then follow-up with them after their first and subsequent trips to find out what difference they feel it has made to their work, and how their expectations and understanding of Health Links have changed.

<sup>2</sup> Attwood, D (2009) *Out of programme experiences and their impact* Drs David Attwood and James Ayrton from St Mary's Hospital, Isle of Sudan.

Ultimately a combination of these approaches is likely to be most effective.

The most common methods are likely to be:

- Questionnaire or interviews with the members of staff involved in the Link
- Questionnaire or interviews with colleagues/managers of staff involved in the Link

Depending on the depth of the study, you could consider looking at any regular staff or patient satisfaction surveys conducted within the Trust. Adding in some extra questions, or analysing the results in relation to your key evaluation questions, might provide you with extra data for little extra data collection.

### **Most significant change: an alternative approach**

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An alternative approach is to use the 'most significant change' methodology. This approach does not require pre-defined indicators but instead asks groups of stakeholders to identify the most significant changes that they have observed from the Link and to discuss why they are significant and what the implications are. A brief explanation is given below:

“The most significant change (MSC) technique is a form of participatory monitoring and evaluation. It is participatory because many project stakeholders are involved both in deciding the sorts of change to be recorded and in analysing the data. It is a form of monitoring because it occurs throughout the program cycle and provides information to help people manage the program. It contributes to evaluation because it provides data on impact and outcomes that can be used to help assess the performance of the program as a whole.

Essentially, the process involves the collection of significant change (SC) stories emanating from the field level, and the systematic selection of the most significant of these stories by panels of designated stakeholders or staff. The designated staff and stakeholders are initially involved by 'searching' for project impact. Once changes have been captured, various people sit down together, read the stories aloud and have regular and often in-depth discussions about the value of these reported changes. When the technique is implemented successfully, whole teams of people begin to focus their attention on program impact.”

Rick Davies <http://mande.co.uk/special-issues/most-significant-change-msc/>

More details of this approach, and a guide to implementing it, can be found at <http://mande.co.uk/special-issues/most-significant-change-msc/>.

**For further advice and support on monitoring and evaluation for Health Links,  
contact Anna Downie at THET.**

## 4. Previous findings from surveys on the benefits for UK of Health Links

### **Out of programme experiences and their impact on medical education: A report on the visit of Drs David Attwood and James Ayrton from St Mary's Hospital, Isle of Wight to Juba Teaching Hospital, Southern Sudan (2009) by David Attwood**

This report reflected on how trainee doctors working overseas could obtain experience that would meet with the criteria outlined in the Foundation Curriculum. The report considered different aspects of the Foundation Programme syllabus and the GMC's Good Medical Practice and gave examples from the author's overseas work experience through the Health Link for each area identified. Some of the areas considered included:

- History, examination, diagnosis and time management (sections 1.1-1.2 of the syllabus)
- Patient safety and risk management (sections 1.3 and 1.5 of the syllabus)
- Infection control (section 1.4 of the syllabus)
- Clinical Governance (section 1.5 of the syllabus)
- Nutritional care (section 1.6 of the syllabus)
- Public health and patient education (sections 1.5 and 1.7 of the syllabus)
- Maintaining good medical practice (sections 1.5 and 2 of the syllabus)
- Teaching (1.5 and 3 of the syllabus)
- Relationships with patients and communication skills (section 4.0 of the syllabus)
- Working with colleagues (section 5.0 of the syllabus)
- Probity, professional behaviour, and own health (section 6.0 of the syllabus)
- Recognition and management of the acutely ill patient (section 7 of the syllabus)
- Practical procedures (section 8 of the syllabus)

The report concluded that *“There is no doubt that Out of Programme Experiences (OOPEs) bring invaluable benefits to the NHS... This report has shown, at a personal level, how OOPEs can enhance medical education. It has also demonstrated that Global health Partnerships can offer a safe, supportive environment for doctors on OOPEs. However, there is need for standardisation and quality assurance to ensure that the trainee doctor, the target country and the NHS reap the rewards that they have sown.”*

### **Survey of international health links of English NHS Trusts (2005) by Furber, A; Johnstone, P and Wright, J. Department of Health.**

Benefits to the UK identified through a survey of Links:

- Cross cultural awareness
- Individual personnel development
- Staff motivation
- Learning new ideas relevant to the Trust
- Team building
- No perceived benefit to the organisation

Anna Downie, THET Evaluation and Learning Manager  
1<sup>st</sup> June 2010

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- Other (eg better use of scarce resources, greater appreciation of the NHS, staff review own practice, cultural experience, develop management structures, improving relationships with local minority ethnic communities, good public relations, enabling 'out of the box' thinking and encouraging philanthropy.)

### **Health Links between the UK and Less Developed Countries: A survey of distribution, practice and limitations to effectiveness (2006) THET**

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Benefits to the UK identified through a survey of Links:

- Better reputation
- Professional development
- Learning new healthcare delivery methods
- Students
- Health literature
- Staff morale
- Others (eg international networks, training material, researchers)

### **Research currently being commissioned by the International Health Links Centre**

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The **International Health Links Centre** (<http://www.ihlc.org.uk/>) will be commissioning a study in late 2010 which focuses evaluating the outcomes for Link for UK partners. There will be a terms of reference coming out soon and it might be worth joining their email list to get updates- your Trust might want to participate in the study.

### **Case study: Health Links at King's College Hospital NHS Foundation Trust<sup>3</sup>**

Partly in response to a request by the Trust's Board, members of King's College Hospital Link supported two medical students to carry out an evaluation. This evaluation used interviews with staff who had volunteered in different countries, either through their official institutional Health Links or on their own initiative. It showed that staff who had volunteered perceived a range of positive effects on their work at King's College Hospital including:

- Greater understanding of patients who originated from the regions where they (the staff) had volunteered)
- Improved teaching skills
- Greater inclination to stay at the hospital because of the support they received for their work overseas.

Although not the sole purpose of the evaluation, the findings helped to meet the Board's need for information on the effect of the Link on King's College Hospital.

<sup>3</sup> Case study taken from Gordon, M and Potts, C (2008) *What difference are we making? A toolkit on Monitoring and Evaluation for Health Links* THET <http://thet.org/wp-content/uploads/2009/10/THET-M-and-E-Toolkit.pdf>  
Anna Downie, THET Evaluation and Learning Manager