

The value of implementing NICE and transforming evidence in adult social care practice: Exploring a Theory of Change  
ILPN Conference, London 2022



# Overview of today's presentation

1. Evidence-based practice in social care & role of NICE guidance
2. Evidence gaps with regards to how guidance is implemented & about the research
3. Theory of Change: introduction, aims & 'findings'
4. Learning & Next steps

# Evidence-based practice in social care: Role of NICE guidance

- Many ways to think about transforming evidence into practice ... national **guidance** one of many
- Since 2013, the **National Institute for Health and Care Excellence (NICE)** - traditionally known for health technology assessment - produces guidance in social care

## What is NICE's social care guidance, and how is it developed?

- Systematically developed recommendations - up to 100 (!) per guideline - about how to provide care and support
- Scope of recommendations vary widely from principles of care to specific interventions
- Topics: **services** (e.g. home care), aspects of service delivery (e.g. transition hospital/(care) home), **populations** (e.g. people with learning disabilities), processes & life circumstances (e.g. decision making & mental capacity),
- Based on range of evidence, including (where available/ feasible) economic evidence (→ economic work led by our Centre 2013 to 2018)



The screenshot shows the top portion of a journal article page. At the top left is the logo for the International Long-Term Care Policy Network. The page title is 'JOURNAL OF LONG-TERM CARE'. Below the title, the article title is 'Reading: Value for Money in Social Care: The Role of Economic Evidence in the Guideline Development P...'. There are social media share icons for Facebook, Twitter, and LinkedIn. The section 'Perspectives' is highlighted, followed by the article title and authors: Annette Bauer, Michela Tinelli, Helen Weatherly, Beth Anderson, Bernadette Li, Bhash Naidoo, Rachel Kettle, and Martin Knapp. The 'Abstract' section begins with the text: 'In England, the National Institute for Health and Care Excellence (NICE) has been responsible for developing social care guidelines since 2012. Internationally, it is the first health technology assessment and guideline agency that specifically includes social care.'

# Evidence-based practice in social care: Role of NICE guidance

**Table 3:** Types of recommendations in NICE guidelines.

<b>Strength of recommendation &amp; wording</b>	<b>Strengths of evidence required</b>	<b>Implication</b>	<b>Examples from NICE social care guidelines</b>
Very strong (must; must not)	Legislation	There is a legal duty to implement the recommendation.	'As a minimum, independent advocacy must be offered by local authorities as described in the Care Act 2014, Mental Capacity Act 2005 and Mental Health Act 2007.' (Rec. 1.1.8; NG108)
Strong (directive, e.g., offer; do not offer)	Evidence clearly displays that benefits outweigh harms	The recommendation should be implemented.	'Develop and use communication protocols and procedures to support admissions.' (Rec. 1.31; NG27) 'Offer reablement as a first option to people being considered for home care, if it has been assessed that reablement could improve their independence.' (Rec. 1.4.4 NG74)
Weak (e.g., consider)	Evidence shows closer balance between benefits and harms	The recommendation might be implemented.	'Consider home care support for older people with low to moderate needs to avoid, delay or reduce future dependency on health and social care services.' (Rec. 1.3.2; NG21)

Taken from Bauer et al: Value for Money in Social care

# Evidence-based practice in social care: Role of NICE

... NICE also has taken on role to support implementation of guidance (in collaboration with other agencies)



**Examples:**  
*NICE quick guides*  
*NICE fellow- and scholarships*  
*NICE-employed implementation leads*  
*Implementation resources e.g.*  
*training & learning tools, baseline*  
*assessments, inspection tools, shared*  
*learning examples, budget impact tools*



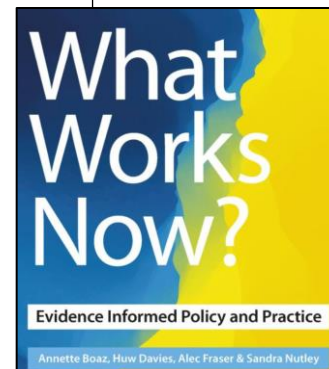
# Implementing NICE social care guidance: Challenges & evidence gaps

## Issues:

- **Developing** guidance is a costly process
- Evidence from healthcare suggests that implementing recommended interventions can be **costly** - cost-effectiveness from trials not always realised after implementation costs are considered
- Not much known about **how guidance is used** and recommendations are **implemented** in social care practice
- Overall, many **challenges** and reasons why guidance taken up less in social care than in healthcare (next slide)

# Evidence-Based practice in social care: challenges for generating & using appropriate evidence

- Notoriously **underfunded** system with poor work conditions
- Social care content, coverage and quality highly **variable** between localities (funding, provider types, services)
- Highly **personalised** services for people who are usually in most **vulnerable** situations of their lives ... (→ not a 'happy' customer)
- Role of **carer** involvement and service user/ carer dynamics
- Heterogenous, relatively **small** populations



## Implications for research

Limited capacity for staff to get involved in research

Often hard to define **what works** & what is **good value for money** (many multiple and hard-to-measure outcomes)

... therefore greater emphasis on what people **like** or find **acceptable** i.e. about peoples' **choice & control** ...

**Experience-based** rather than experimental evidence prevails

Agreeing and implementing consistent approaches to care is both important and difficult

# Implementing NICE social care guidance: Evidence gaps

## Questions:

Interesting to understand the **barriers of implementation** but also to find out **where guidance does get implemented**:

- **Who** is implementing it/ at what level (systems, organisations, managers, practitioners, ...)?
- **How** does it get implemented (processes, activities, resources, costs)?
- **Why** is being implemented (any value for money considerations)?
- How can they be implemented so they provide **good value for money**?



# About the research and ToC development

## Scoping study (SSCR funded; May to Sept '21)

**Main aim:** To develop an exploratory Theory of Change **of how guidance leads to impacts in principal i.e. across sites and guideline topics**

... other purposes e.g. making sure a larger study is useful & feasible, identifying potential sites

**Methods/ data sources:** Meetings & workshop with 50 individuals involved in adopting or facilitating implementation of NICE social care guidance, analysis of information using theoretical frameworks from implementation science & economic evaluation approaches



## The Valuing Care Guidance study (SSCR funded; Feb '22 to No '23)

**Questions:** How is NICE social care guidance implemented, and what are the costs? What is the value of implementing guidance? What is the role of contextual factors?

**Methods:** theory-informed, case study based evaluation with 3 to 5 sites that have implemented/ are implementing NICE guidance in adult social care practice; workshops, interviews, activity/ cost diaries, secondary data analysis & simple modelling (where appropriate)



Annette Bauer, Assistant  
Professorial Research Fellow,  
CPEC, LSE



Wagner Silva-Ribeiro,  
Research officer, CPEC,  
LSE



Professor Annette Boaz,  
LSHTM



Dr Ties Hoomans,  
Research consultant,  
CPEC, LSE

Valuing Care Guidance study:  
the research team



Dr Sarah Jasim, Research Fellow,  
CPEC, LSE



Professor Martin Knapp,  
CPEC, LSE



Dr Juliette Malley, Associate  
Professorial Research Fellow

## ToC: Introduction & aims

A Theory of Change (ToC)

... seeks to explain

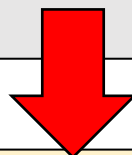
- a) *how* and *why* a particular change happens in a particular context,
- b) how planned action can contribute to desired impact

... has **multiple purposes** e.g. practice or research tool

... can inform *design, implementation, evaluation* and/or *scaling* of an intervention

... is typically developed with **stakeholders**

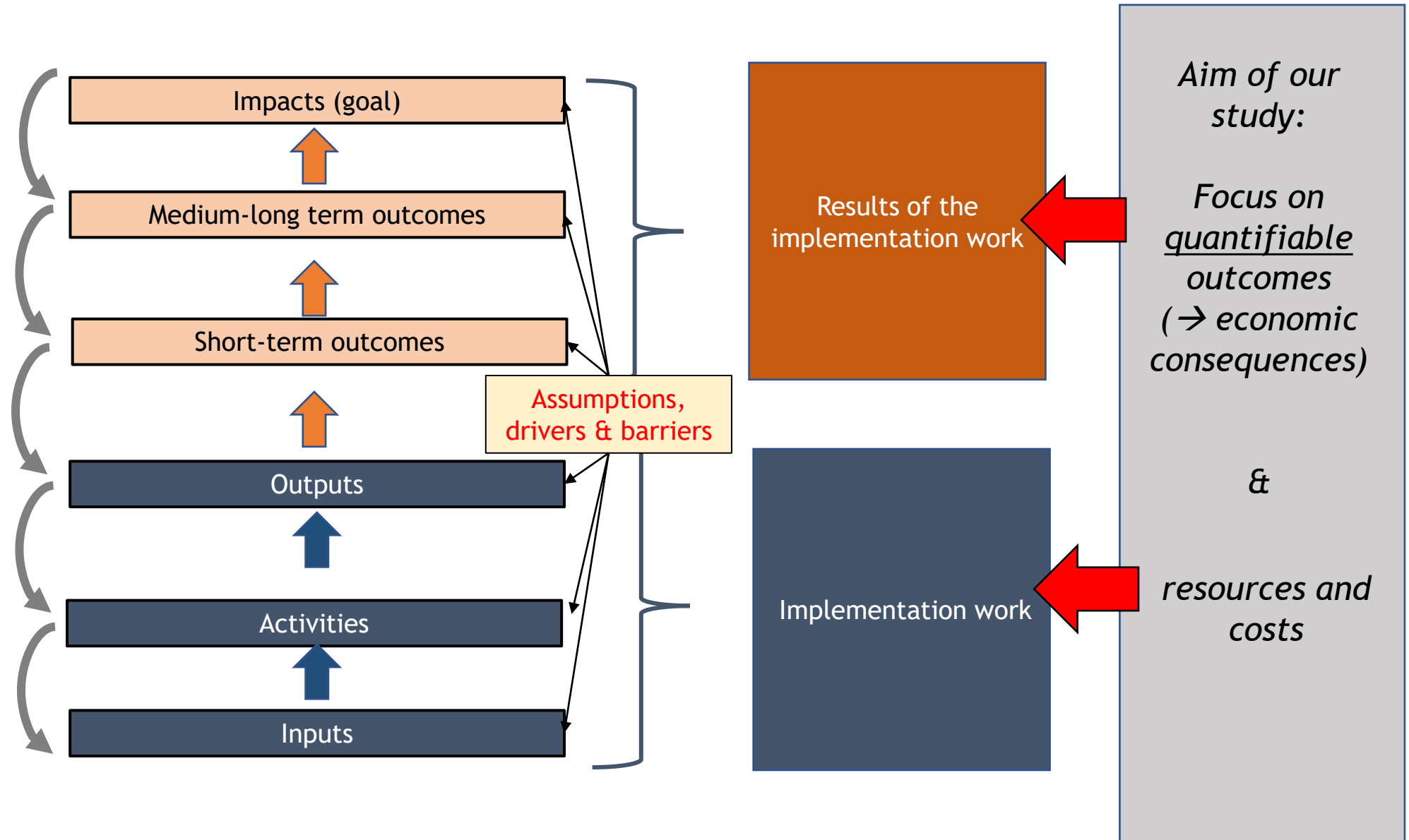
...is particular useful to develop when it is **not clear** what expected outcomes and the processes to achieving those are



In our study we develop a ToC by:

- Using an iterative process, with multiple data sources
- Starting with provisional ToC that sets out impacts in principal, which gets adopted to sites reflecting guideline topics and contextual factors

# ToC: Introduction & aims



# ToC: Findings about factors that influence whether and how guidance gets implemented

## Characteristics of guideline & guideline agency

Alignment with organisational performance & **inspection goals** (e.g. user experience, safeguarding)

NICE reputation as healthcare agency affects **legitimacy**

(Anticipated) **high implementation costs** prevent uptake & especially when guidance requires system change

Guidelines lengthy, **complicated** & not user-friendly

## Favourable contextual factors

System level (local, national)

National agencies with clear responsibilities for incentivising, supporting & monitoring guidance implementation

Organisational level (local authority/ NHS)

Organisational learning culture, quality & monitoring systems

Individual level e.g. frontline staff, managers

Champions (e.g. NICE fellows and scholars)

## Conditions that need to be created

Guidance topics prioritised in line with **organisational performance & inspection goals** or requirements

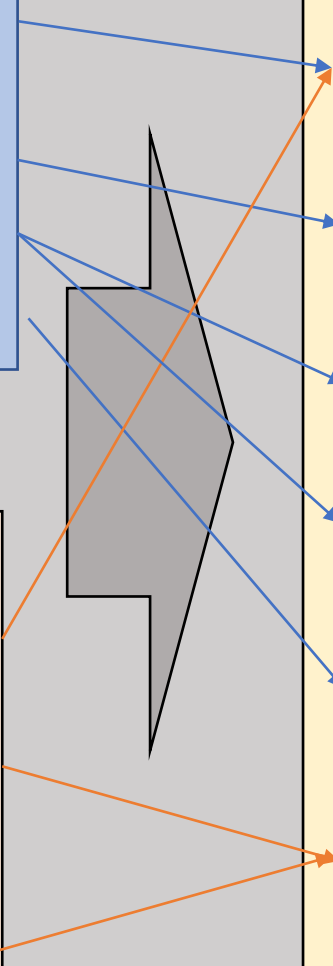
Guidance to be promoted as internal guidance **to achieve ownership**

Knowledge to be produced about return-on-investment to gain **senior management buy in**

Pre guideline implementation work to create **legal conditions for implementation**

Guidance to be **'translated'** to make it user-friendly & clarify what needs to be done by whom

Resource to be mobilised including **dedicated staff roles & teams** to take on implementation work

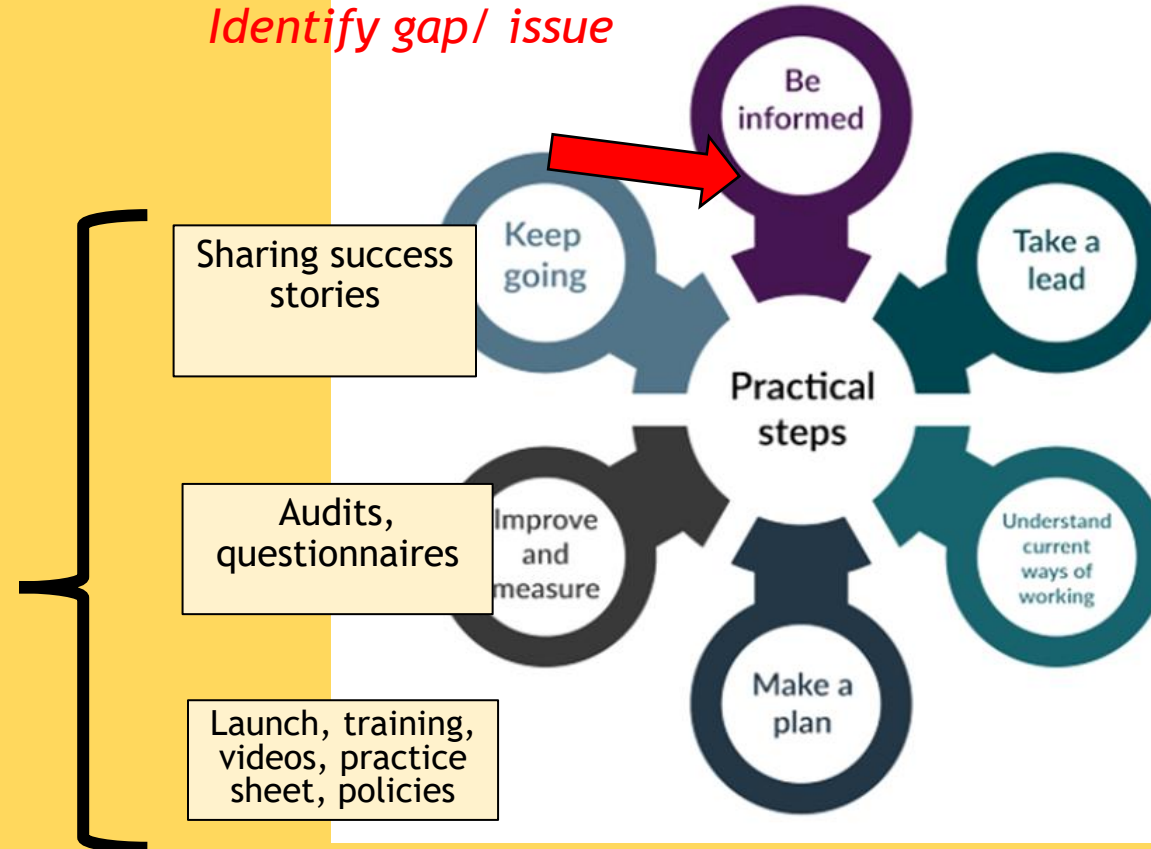


# ToC: Findings about implementation activities

1. Capacity building activities across guidelines e.g. seeking senior buy in, mobilising resources, knowledge mobilisation, setting up systems

2. Implementation activities for each guideline

*Identify gap/ issue*



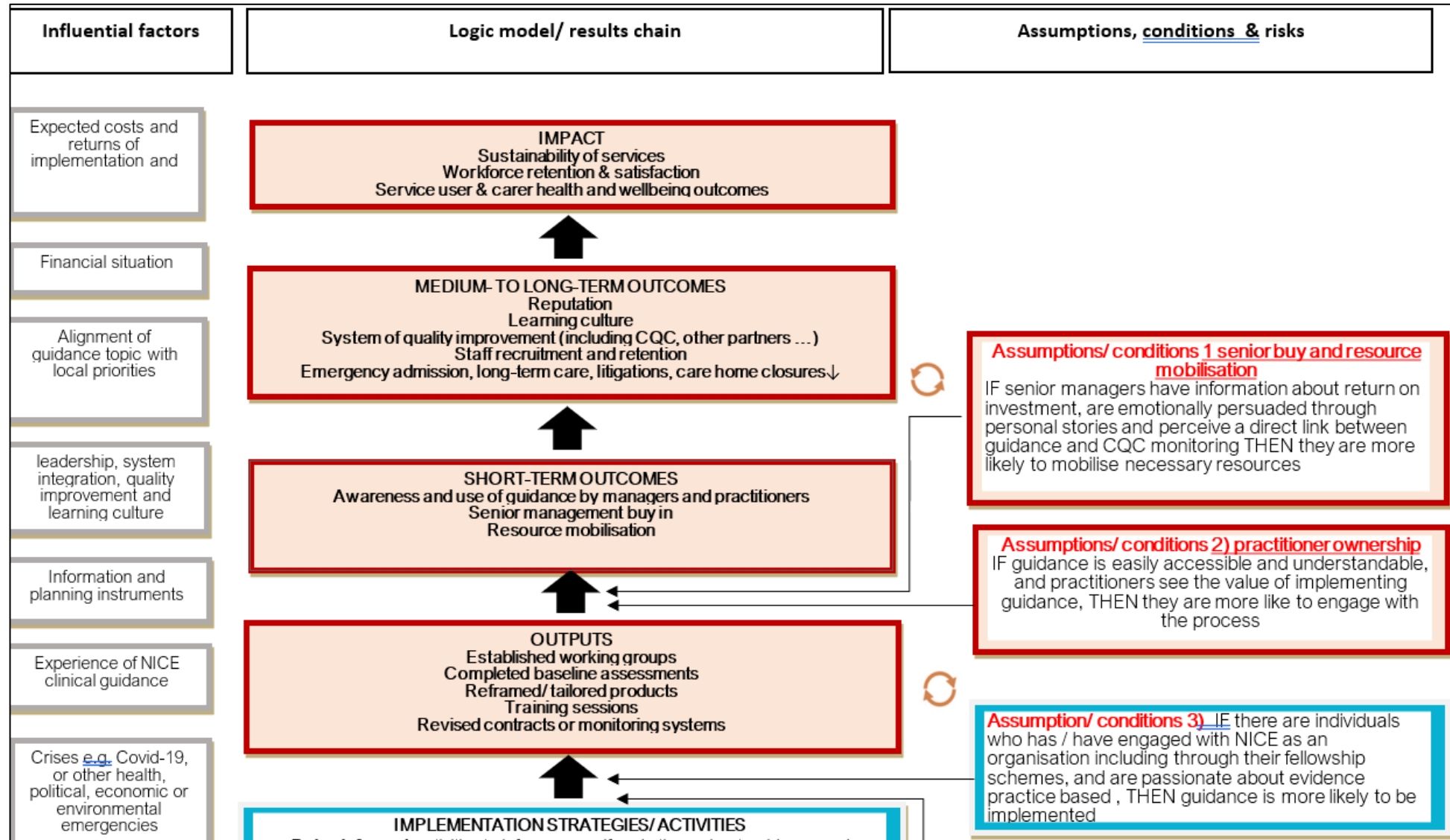
Work by individuals (=champions) e.g. principal social worker/ quality improvement manager to become familiar with guideline

Getting organised: e.g. implementation group, task and finish group (e.g. Adult Safeguarding group or service provider group)

NICE's baseline assessments completed by senior managers

Process does not necessarily happen in this order and some steps are repeating, and/ or might not be distinguishable

# Provisional ToC graph





# Learnings & next steps

## Learnings

- ToC can be developed for implementation of guidance in social care practice & usefully inform (economic) evaluation
- **BUT:** ToC is work intensive & not a language everyone speaks & might not always be able to challenge pre-conceptualised ideas
- Iterative process is important but means that ToC is potentially never-ending, how to best utilise ToC at different stages of the research

## Next steps

- To develop a plan for how to best present ToC information with different levels of information/ complexity
- To utilise ToC for collecting data/ gathering evidence i.e. testing ToC