

Summary of the April 2017

'Evaluation Report of the New Zealand Child and Youth Clinical Network Programme¹'

Introduction

The evaluation of the Clinical Networks was commissioned by the Paediatric Society of New Zealand (PSNZ) as part of the Ministry of Health (MoH) contract to deliver the New Zealand Child and Youth Clinical Network (NZCYCN) Programme (the Programme). An independent reviewer Quigley and Watts was commissioned to undertake the review. A sub-group of the Clinical Network's Advisory Group met with the reviewers to support the process and assist in interpretation of the findings.

Purpose of the Review

The purpose of the evaluation was to understand how well the Programme is performing and to identify areas where improvement could occur. The Programme refers to the national support and leadership (via the PSNZ and the NZCYCN Advisory Group) for the development, implementation and ongoing maintenance of the Clinical Networks. The scope of the evaluation was primarily on the national process however, aspects of impact reported about the Clinical Networks and their outputs is also described. A full evaluation of the Clinical Networks themselves was beyond the scope of this review.

Objectives of the Review

1. To understand how effectively the Programme has been established
2. To understand how effectively the Programme is being implemented and managed
3. To understand the key features of the Programme, including those that are critical to its success and sustainability
4. To identify the areas that the Programme is working well and those that could be improved.

Method

A logic model was developed to guide the evaluation. Evidence from interviews, workshops, documentary analysis and surveys was used to answer the evaluation questions. Data were gathered and analysed by the reviewers and the evaluative conclusions made in collaboration with the Evaluation Steering Group. Data were collected in the following ways:

1. Workshops

Two workshops were held with the NZCYCN Programme Evaluation Steering Group. A workshop with the NZCYCN Programme Advisory Group and the clinical leaders and facilitators of all Clinical Networks was also held as part of the NZCYCN national meeting in November 2016.

2. Interviews

Interviews were undertaken with 15 individuals: Clinical Network leaders (n=2 paediatric specialist doctors), Clinical Network facilitators (n=1 nurse, 1 NGO), Clinical Network members (n=2, 1 nurse, 1 NGO), DHB Portfolio Managers for Child Health (n=3), MoH staff (n=2), Youth health sector health professionals (n=2 one DHB community nurse, one Youth One Stop Shop GP), Regional Child Health Alliance project manager (n=1), PSNZ Society project manager (n=1).

¹ The full NZCYCN Programme Evaluation Report can be viewed on the PSNZ web site <http://www.paediatrics.org.nz/>

3. Online surveys

Two online surveys were undertaken: Clinical leaders and facilitators of the Clinical Networks (19 responses) and Health professionals working with children and young people (212 responses)

4. Documentation and literature

A wide range of documentation was reviewed including: Documentation about the establishment of the Programme (proposal, contract, reports that informed the rationale); Documentation about the operation of the Programme (compendium of operational processes, reports from Clinical Networks); Documentation on Clinical Network work programmes; international and national literature on Clinical Networks

Findings

1. How good is the design of the Programme?

The Programme was found to be well designed to fulfil its contractual requirements and enable the short-term outcomes (implementation of the Clinical Networks) to be met. Gaps were identified (outside of the contracted work) in the activities required to reach medium and long-term outcomes. To meet medium term outcomes, such as the integration of Clinical Network principles into service commissioning, partnership and leadership is required from the organisations that commission, plan and fund services, the MoH and the District Health Boards (DHBs). The Programme oversight provided by the NZCYCN Advisory Group was noted. The Advisory Group includes a range of health professionals carefully chosen for their expertise to be generally representative of the sector. The challenges in maintaining such broad representation are noted. The leadership from the NZCYCN Advisory Group for the work contracted to PSNZ has been effective. Strategic oversight at the national level requires the partnership of the MoH and DHBs. The support from the Programme Secretariat is highly valued and is effective in providing practical guidance and support for establishing and operating the Clinical Networks. The Programme has established relationships with many key organisations (including NGOs) and professional groups. Partnership with the MoH and DHBs requires further work.

2. How effective is the communication about the Programme?

Communication about the Programme and Clinical Networks is reaching members of PSNZ, secondary/tertiary level medical clinicians and health professionals in cities. The engagement with health professionals in primary care and more isolated communities is lower. Of those who have had some interaction with a Clinical Network, 71% report they have used information from the network in their own practice.

3. How effective is the implementation of the Programme?

All Clinical Networks have engaged with multidisciplinary professionals and organisations within their sector. In line with the resources available engagement is pragmatic, and to a large extent driven by who is on the Clinical Reference Group (CRG) for each network. This has led to some gaps in the range of multidisciplinary professionals and organisations some Clinical Networks have engaged with. The Clinical Networks support a diverse range of collaborative partnerships, which lead to increased opportunities to network and develop multidisciplinary approaches. The CRG, along with the support from the PSNZ Secretariat were mentioned as two of the key elements of infrastructure by the Clinical Networks. In addition to clinical leadership CRG members highlighted the importance of an inclusive, non-hierarchical approach. The issue that most limits Clinical Network progress is that key CRG members have insufficient time to undertake the work. Other elements reported as missing were expertise in communication and evaluation.

4. How valuable is the Programme to the child health workforce?

Almost all health professionals, that are aware of the Programme and/or the Clinical Networks, feel it was valuable. Those involved in the Clinical Networks value them for guidance, collegial relationships, the focus on their own area of interest and the promotion of

equity and improvement to clinical care. Health professionals in the wider child and youth health sector who are not engaged with the Programme or the Clinical Networks are not aware of them.

5. Potential for the Programme

The Programme was driven by the sector in response to a real need, articulated clearly over many years, and was based on sound evidence. However, in the absence of a national strategic approach to the provision of services for child and youth health it will be difficult for the Programme to move from improving the quality of services for those health professionals who choose to engage, to improving the delivery of consistent and equitable services nationally.

6. How could the Programme be improved?

To contribute effectively to medium and long-term outcomes related to the national provision of equitable services leadership is required from the MoH and DHBs. A true partnership between the Programme, the Ministry and the DHBs is required to move from short term to long-term outcomes.

The diagram attached as Appendix 1 shows how the relationships (in red) and leadership (in green) are essential to the overall Programme outcomes.

Summary

This review provides a useful summary of the programme to date. The review concludes the Programme has the potential to be a highly effective component of a strategic approach to the planning and purchase of child and youth health services nationally. However, in the absence of a national strategic approach to the provision of services for child and youth health it will be difficult for the Programme to move from improving the quality of services for those health professionals who choose to engage to improving the delivery of consistent and equitable services nationally.

Next Steps

The Advisory Group has reviewed the report and will discuss further what the next steps will be in response to the issues outlined in the review. This report will also be reviewed by the MoH and it is likely that it will inform further ongoing contracts between the MoH and the PSNZ regarding the Clinical Networks. The Advisory Group will also be looking at how they can ensure increased engagement with primary care while also improving engagement with DHBs so that we can influence the funding of Child Health Services.

Appendix 1: NZCYCN Programme logic model (Page 10 of the final report)

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The diagram below in Figure 1 shows how the relationships (in red) and leadership (in green) are essential to the overall Programme outcomes.

Figure 1. NZCYCN Programme Logic Model

