

Policy into practice

How can national policy best be translated into better services?

The NHS has embarked on an unprecedented programme to reform and change. This project is evaluating four mental health services that have been pilot sites for how best to implement national policy. The study aimed to identify the factors that enable or hinder service improvement.

Detailed information

Title: Evaluation of the Mental Health Improvement partnership Programme (E-MHIP)
Funded from 2006 to 2008.

Background

- The National Institute for Mental Health in England (NIMHE) established the Mental Health Improvement Partnerships (MHIP) Programme to help trusts that provide specialist mental health services implement key policy, including the NHS Plan
- Four mental health trusts and their local partner agencies are piloting MHIP by engaging in a managed process of organisational change
- Each partnership identifies a set of "workstreams" that follow national policy priorities. A tailored package of interventions is then implemented, including workforce redesign, staff training and systems-based service redesign based on key service user pathways
- MHIP now needs to be evaluated to: (1) assess its effectiveness and its potential for national application; and (2) identify areas for improvement

Aims and objectives

- This evaluation will address the structure, process, outcomes and costs of MHIP and thus provide an understanding of how change can be brought about effectively within the NHS
- Taking a developmental rather than judgmental approach, this evaluation will investigate the various ways in which MHIP has been implemented and assess MHIP's effect on waiting times, patient throughput, patient and staff satisfaction and experience of care

Method

- **Site visits**
Multi-professional teams, including service users, will conduct a four-day visit to each pilot site to discover the processes of change. Extensively briefed beforehand, the teams will approach all relevant stakeholders - including the MHIP team, service managers, clinical teams, carers and service users - to discuss and assess the impacts of MHIP and its implementation
- **Analysis of routinely collected data**
Comparisons will be made before and after the pilot phase using routinely collected data relevant to each workstream. These will include referral rates, waiting times and the local results from national patient surveys. Non-participating mental health trusts will be used as a control group
- **Economic appraisal**
Implementation costs for NIMHE and the local trust will be estimated. This will include "direct" costs (mainly funding from NIMHE), "indirect" costs (including staff time and funding committed by the pilot trust) and "opportunity" costs (resulting from diversion of staff from other activities)
- **Synthesis of results**
Methods of triangulation will be used to bring the data together. A final workshop will be held to validate and discuss results to ensure the findings and recommendations of this project are meaningful and relevant