

## CHD Collaborative

Evaluation of Discovery Interviews:

Executive Summary

April 2005

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## 1.0 Introduction and recommendations

Discovery Interviews are an innovative technique designed to “improve care by understanding patient and carer experiences better and by gaining insight into their needs”<sup>1</sup>. They are based upon a philosophy that puts patients and carers at the centre, and values listening to their experiences as a way of gaining insight which is unavailable elsewhere.

In December 2004 Matrix was appointed to undertake an evaluation of the Discovery Interview (DI) technique, looking at the way in which it has been implemented across the country in 30 Coronary Heart Disease Collaborative sites and five Strategic Health Authority ‘whole health community’ pilots.

Following data collection, analysis and reflection, the project team developed a set of recommendations for the national team to take forward to ensure that successful implementation can be replicated across the country. Overall, the team found a remarkable level of passion and enthusiasm for the technique, both at the national level and in some local sites.

The nature of the NHS is such that innovative activities like improving patient and carer involvement and achieving service improvement usually take place as “extras” to the core functions, with a corresponding lack of resources. In addition, many of the changes that can be brought about might be intangible rather than specifically measurable. The recommendations focus on helping sites which have found particular aspects challenging to achieve full and successful implementation.

### 1.1 Key recommendations

The project team have identified a number of overarching recommendations for taking the Discovery Interview process forward.

- Support resources should be refocused on sharing stories and achieving service improvement. No Discovery Interviews should be undertaken until arrangements have been made for the stories to be shared.
- Work should be undertaken to ensure that Discovery Interviews are integrated with other aspects of patient and carer involvement and service improvement.
- Discovery Interviews should not take place until it is clear that the approach fits within the strategic vision of the organisation that is required to support it.
- Work should be undertaken to ensure that while “on the ground” experiences of implementation are taken into account, the core methodology is adhered to or adapted as necessary, including further clarity to ensure that all DI teams are aware that they should not be ‘theming’ their interviews.

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<sup>1</sup> CHD Collaborative (2004) *Learning from patient and carer experience: a guide to using Discovery Interviews to improve care*. Leicester: NHS Modernisation Agency

- A reassessment of the categorisation of Discovery Interviews as 'research' should be sought.

Full recommendations are provided in the main report.

## 1.2 Effective practice points

A number of areas of good practice have been identified that could be applied more widely.

### **Implementing Discovery Interviews**

- To achieve successful implementation, protected time for the DI lead is required, along with an understanding that DI roles are a significant part of other jobs, that sufficient effort is expended 'selling' the approach to people given DI roles, that administrative support is acquired and that support is gained from senior clinicians and managers.
- Significant effort "selling" the approach to clinical teams can be beneficial: sharing out-of-date stories or stories from other areas can have a stronger impact than simply describing the technique.

### **Gaining ethical approval**

- A DI team submitting an ethics application should seek to ensure that the process is led by a member of staff with experience in submitting such applications. Establishing good links with the local research and development (R&D) committee may help to facilitate this process.
- To keep momentum and enable training in Discovery Interviewing to be put into practice while fresh, ethical and research approval should be acquired before training takes place.

### **Recruiting and training discovery interviewers**

- The number of trained Discovery Interviewers should be fairly small within each DI team, as this is likely to be more cost-effective, make better use of the training, and help to ensure consistency in the team's approach. If desired, a small team can still be drawn from a diverse range of disciplines and departments.
- While training and support can ensure that the background of Discovery Interviewers does not adversely affect their ability to undertake successful Discovery Interviews, it is generally a good idea to aim for a team of Discovery Interviewers drawn from a diverse range of backgrounds and disciplines.

### **Recruiting patients and carers**

- To maximise the response to invitations for patients and carers to participate, it is a good idea to have a healthcare professional named on the recruitment pack so that the patient or carer can respond to a person with whom they are familiar.

### **Undertaking interviews**

- Interviewees need to be clearly informed about the length of the interview before it begins, and the interviewers need to actively manage the interviews to prevent them lasting too long.

- While direct questioning on a particular area of care runs contrary to the Discovery Interview methodology, information on specific service areas can be obtained by targeting recruitment on patients in a relevant department or with a particular diagnosis as these patient and carer stories will be likely to include their experiences of the targeted subject.

### **Managing the process**

- DI teams should employ project planning techniques to help ensure that stories do not get out of date before they are shared.
- Interviewers undertaking transcription is not generally an effective use of time; ideally transcription should be done by the CHD Collaborative administrator or contracted out to a professional transcriber or trust department with spare capacity.
- Setting up a database enables the effectiveness of Discovery Interviews to be demonstrated. This database should include the interviews that take place, the stories that are shared and the service improvements that are put in place as a result. It should also link with the national RAPPORT database for sharing improvements.
- With the increasing prevalence and competitiveness of digital technology, new sites may wish to buy digital recorders to allow easier sharing of files across teams (ensuring that confidentiality is maintained). This also reduces tape costs and the need for physically secure storage.

### **Sharing stories**

- Developing a “sharing stories pack” to support those sharing the stories at meetings can be beneficial: contents could include guidance on how best to run the session, answers to frequently asked questions, information on service improvements that have already been achieved and sheets on which the reactions, decisions and changes made can be recorded;
- Stories can be shared with a range of aims; to improve understanding of the care pathway whole stories should be shared, while sharing only sections of stories would be appropriate to promote the DI technique to forums not familiar with Discovery Interviews. It would also be acceptable to report key themes to the wider organisation as part of a reporting process.
- Producing a newsletter for patients and carers (or acquiring space in an existing newsletter) to report on service improvements made as a result of Discovery Interviews can help to ensure that patients and carers are aware of the effect that the work is having.
- It is important to be prepared to work with clinical teams in supporting them to implement service improvements; leaving them to make the changes without support once the story has been shared may not be enough.

**Project methodology**

Four overarching evaluation questions were posed, and a programme of work was initiated in order to answer them.

- **Should it work?** This question involved developing theories of change to document how Discovery Interviews were intended to lead to service improvement and other outcomes. Tasks included a document review and a programme of interviews with key stakeholders.
- **Can it work?** This question explored the theories of change with case study participants and within a questionnaire. The focus of this question was on the effectiveness of existing processes and structures where Discovery Interviews are implemented.>
- **Does it work?** This question examined the impact of Discovery Interviews. Answers were sought during the fieldwork and questionnaire phases.
- **Is it worth it?** As part of the case study fieldwork, a cost-data-collection tool was developed to capture the time and resources put into each stage in the Discovery Interview process. The aim was to produce an estimate of the average cost of a Discovery Interview.

A further description of the project methodology can be found in the main report.

## 2.0 “Should Discovery Interviews work?” (Theories of change)

The project team first identified eight theories by which Discovery Interviews might be posited to achieve their aims. Through validation with key stakeholders and case study participants, these were subsequently narrowed down to three key theories falling under the two broad themes of service improvement and patient and carer involvement, as shown in Figure 1.

<b>Theme</b>	<b>Theory</b>	<b>Detail</b>
<b>Service improvement</b>	<b>Service-level changes</b>	Discovery Interviews lead to specific changes in services.
	<b>Development of seamless services</b>	A range of organisations / departments coming together to consider DIs leads to a more patient- and carer-centred, seamless service (including improvements to care pathways).
<b>Patient and carer involvement</b>	<b>Organisational-level changes in culture</b>	DIs act as stimuli for a shift to a more patient- and carer-centred organisational culture or strategy, within the context of the overall drive towards patient and carer involvement.

Figure 1: Dominant theories of change

All eight theories are discussed in more detail in the main report along with further explanation of the ‘theories of change’ methodology.

### 3.0 “Can Discovery Interviews work?” (Process and structure)

The project team found good evidence that there are local DI teams which have been enthused by the concept. They reacted well to the training and implemented the concept as envisaged, they achieved and monitored service improvements, and they responded well to changes in the national guidelines. However, we also found that this was not a common picture across the 30 sites, and that, in particular, the Discovery Interview methodology was not being implemented consistently. This seemed to be due to a combination of confusion over particular aspects (for example the editing and theming of interviews) and the necessity of adapting the methodology to make it possible to implement on the ground. Such pragmatism is, in some cases, unlikely to invalidate the methodology, while in others it suggests that Discovery Interviews cannot fully work as intended, even if they still achieve some of their aims.

The most important factor in addressing the anomalies is to determine the feasibility of finding suitable forums for stories to be shared. These forums need to include sufficient clinical time to hear a whole story and the clinical team then needs to engage in a discursive process identifying the issues raised by the interview, rather than expecting those sharing the stories to have done prior analysis. We found evidence to suggest that because of the limited time available at meetings, stories will often not be shared in their entirety, although this varies by DI team. Rather, sections of stories with particular relevance to the team present will be shared and discussed.

Linking this back to the theories of change, this practice does not prevent service improvements being achieved at a clinical-team level, nor is it likely to significantly hinder the ability of Discovery Interviews to contribute to the enhancement of a more patient- and carer-centred organisational culture. However, the theory that Discovery Interviews could help to develop or enhance ‘seamless services’ and care pathways was partly based on the perception that they could provide unique insight into the whole of a patient’s journey through their illness, for example, informing the rehab team about what might happen in Accident and Emergency or helping GPs better understand patients’ experiences of the coronary care unit. Where stories are shared selectively so that they are focused specifically on the area covered by the team hearing the story, this theory of change cannot work.

We also found that some DI teams had continued to ‘theme’ interviews before sharing them, effectively engaging in a level of analysis that the guidelines as approved by the Multi-site Research Ethics Committee (MREC) do not permit. Again this appears to be done in response to the need for teams hearing stories to be given some structure and direction when hearing the story, so that the process of thinking through and discussing the implications of the patient or carer’s story is not prohibitively long.

A recurring theme throughout this research has been the differences that exist between the practice set out in the guidance and what has actually been implemented. The project team developed the table presented in Figure 2, which sets out the ‘ideal’, ‘pragmatic’ and ‘divergent’

approaches that have been observed, focusing on some (but not all) of the key stages in the process. The implication is that the pragmatic approach may be the best that can be achieved in some areas, but that the divergent approach should be avoided. However, it is important to note that the project team appreciates that some of the 'divergent' approaches below have arisen out of pragmatism and may not be easily avoidable.

	<b>Ideal</b>	<b>Pragmatic</b>	<b>Divergent</b>
<b>Preparation</b>	Clinicians in full approval of DIs taking place	Clinicians have broadly approved DIs taking place or may have requested them	DIs take place before an audience is assured or prepared.
<b>Length</b>	Up to one hour	Up to 1.5 hours	Over 1.5 hours
<b>Use of spine</b>	Spine used as a set of prompts as set out in the guidance	Spine central to interview, some local issues might be raised	Interviewer focuses on one or two aspects of care rather than listening to the patient's or carer's story
<b>Transcribing</b>	Transcribing undertaken by a local team member with good audio typing skills and an understanding of DIs (for example, the team administrator).	Transcribing is contracted out to a professional company or excess capacity within the trust is used.	Transcribing is undertaken by the interviewer (this is likely to be a poor use of the interviewer's time)
<b>Editing</b>	Sections that are clearly irrelevant (pleasantries, offers of tea, etc.) are edited out	Sections that are clearly irrelevant are edited out, more extensively	No editing undertaken, or transcript edited down to key themes illustrated by sections of dialogue.
<b>Sharing</b>	Stories are shared in dedicated sessions facilitated by skilled staff who help teams to identify the issues and develop action plans	Stories are shared in existing forums, wherever possible, maybe using only a section of a transcript	Themes are fed back to teams, with some use of sections of dialogue, or does not take place at all
<b>Ongoing support</b>	Teams receive ongoing support from the DI team or service improvement manager to implement and monitor the changes using PDSA cycles	Teams receive some support and monitoring of implementation	Teams are left to implement whatever changes may have been suggested

Figure 2: Ideal, pragmatic and divergent implementation

**The national team will wish to consider these issues and establish a view on whether it is acceptable for Discovery Interviews to be taking place under these divergent conditions, or whether they should only take place where the conditions allow for a more compliant implementation.**

## 4.0 “Do Discovery Interviews work?” (Impact)

In this section, we return to the three key theories of change and report on our assessment of the extent to which Discovery Interviews are achieving their aims.

### 4.1 Service improvement: service level change

The project team found a number of examples of changes being implemented as a result of Discovery Interviews, both at clinical-team and departmental level, and there was an emphasis on issues that would not have come to the team's attention without the Discovery Interviews taking place. Forty-five per cent of the respondents to the questionnaire stated that Discovery Interviews had led to changes in care, services or facilities at the clinical-team level, while 32 per cent felt that this had occurred at a departmental level. Of those who stated that changes had been implemented at the clinical-team level, there was no clear relationship with those who also responded that sessions for sharing stories were conducted. Therefore it cannot be proved that those who responded that change had not occurred were from DI teams where sharing stories sessions had not taken place.

**The evidence points towards Discovery Interviews leading to service improvements in some areas but that this is not automatically occurring wherever Discovery Interviews are implemented. This suggests that greater support is required to ensure that stories can be shared, with a particular focus on ensuring that service improvements are put in place as a result.**

### 4.2 Service improvement: development of seamless services

The fieldwork revealed a number of examples of Discovery Interviews informing or improving the development of care pathways and leading to more seamless services for patients. However, while almost half of respondents to the questionnaire agreed or strongly agreed that “Discovery Interviews can lead to changes to the care pathway”, less than one-fifth agreed or strongly agreed that Discovery Interviews had led to the development of seamless services within their own organisation. On reflection, this apparent anomaly may be due to respondents misinterpreting the term “seamless services”. The term was used in the questionnaire to denote services from a range of departments and organisations providing care to the patient becoming more integrated, with gaps between services removed.

**This suggests that this theory of change is not working widely, although it does appear to be working in some areas.**

### 4.3 Patient and carer involvement: contributing to a more patient and carer-centred culture

While cultural change is perhaps one of the harder aspects of change to measure, the project team found good evidence that Discovery Interviews are contributing to NHS organisations becoming more patient- and carer-centred in their thinking, and coming more to regard patients as individuals. Case study participants felt that the technique had had the effect of aiding a gradual change in the organisation, and 62 per cent of respondents to the questionnaire stated that Discovery Interviews had led to “changes in attitude and thinking about patient and carer involvement, service improvement and the development of patient-centred care”. Fifty-five per cent of the respondents agreed or strongly agreed that Discovery Interviews had led to a “stronger commitment to patient involvement or service improvement” within their organisation, and 42 per cent agreed or strongly agreed that Discovery Interviews had led to a “more patient-centred approach” within their organisation.

**There is evidence that, where they take place, Discovery Interviews are having a positive impact on developing a patient- and carer-centred culture in the NHS.**

## 5.0 “Are Discovery Interviews worth it?” (Cost analysis)

Data was collected from each of the fieldwork sites on the amount of time estimated to be spent undertaking each activity relating to Discovery Interviews, along with information on the staff grades undertaking these roles. Salary costs were applied to this, along with a number of assumptions to produce costings and assessments of the time spent on Discovery Interviews.

### 5.1 Findings

- The cost of undertaking an actual Discovery Interview varies across the sites, but is quite a small component of the overall expense of the entire Discovery Interview process.
- The cost of transcription is a major expense, often equivalent to or greater than the cost of the interview itself.
- The cost of feedback meetings used to play and discuss Discovery Interviews varies widely according to the type of meetings that the Discovery Interview team have been able to attend, the time they are allowed to use in meetings and the frequency of these meetings.
- The person-hours going into Discovery Interviewing varied widely. One area used 20 person-hours per interview, due to the team taking a full hour to discuss the tapes and because two meetings were generated from every interview. By comparison another area put in two person-hours because the Discovery Interviews were only discussed for 15 minutes and the teams they share with are smaller.
- Costs associated with support meetings are substantial because attending the meetings, particularly the National meetings, require staff to spend a whole day involved in Discovery Interview work and quite often all interviewers within an area will attend.
- The total annual cost of other support activities, such as carrying out project administration, ongoing development of systems and meetings with senior staff and attending peer support meetings, is to some extent a fixed cost for an area regardless of the number of interviews that are carried out, as it is likely that there will always be a need for certain activities to take place to support interviewing. Because of this, the average cost of support (and the average cost of Discovery Interviewing in general) is heavily influenced by the number of interviews that are being carried out.
- Time used for support activities is also directed towards raising the awareness of the Discovery Interview technique to other staff groups and towards the implementation of systems to encourage the development, recording and monitoring of improvements made as a result of teams hearing interviews. Funds spent in this area are often a valuable investment into the overall success of Discovery Interviews.
- Three areas were able to provide sufficient information to make an estimate of the time and costs associated with each service improvement made (restricted to service improvements recorded on each site's local database). The number of improvements made does not appear to be closely related to the number of interviews: the ratio varies by area. The cost per improvement across the three areas varied from £260 to £865.

- In terms of setup costs, the team looked at the costs of training and the costs of equipment. In every area the costs of training were far greater than that of equipment. As training is now being devolved to the local level to allow DI leads to train their own interviewers, it is likely that these costs will change, although it is not clear whether local demands will mean that the length of the training increases or decreases.