Failure to implement
Things don’t always work as intended
Opening the black box
Understanding why things fly and fail

The value and challenges of combining Normalisation Process Theory and the Theoretical Domains Framework in the context of a process evaluation to improve guideline adherence in primary care

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ASPIRE implementation package

### Inputs
- Funding for research project and associated administrative costs
- Physical resources (reports, computerised searches, significant event audit forms, computerised protocols, laminated reminders)
- Recruitment and training of facilitators
- Manual for delivery of educational outreach
- Recruitment and training of administrator for organising outreach

### Activities
- Audit and feedback reports delivered quarterly (5 in total)
- Computerised searches - initial email invite; plus reminders on reports
- Laminated reminders delivered
- Computerised protocols - initial email invite
- Significant event audit forms delivered with reports or at outreach

### Processes
- Raising awareness and knowledge of a clinical topic
- Encouraging action through social comparison and feedback on own performance
- Enabling action planning
- Reminding of study's key messages at regular intervals
- Suggesting ways to address issue with patients
- Suggesting small manageable tasks (making engagement seem easier)
- Setting realistic goals
- Making it easier to start process of reviewing patients
- Addressing barriers to change as a team

### Impacts
- Practice staff having increased awareness and knowledge of the issue
- Coherent view of the issue and need for action across practices
- Practice staff feeling more able to tackle the issue
- Practice team has agreed goals of what to do, when to do it and who to involve
- Individual staff feel motivated to tackle the issue
- Individual named staff have the intention to tackle the issue (named on action plans)
- Practice staff have acted on their intentions in order to review patients and change practice

Growing competence and confidence of staff around reviewing and changing practice in line with guidelines through repeated action

Improved rates of adherence to quality indicators
Our gift to practices

Audit & feedback reports

Significant event audit forms

Educational outreach visits

Computerised searches

Outreach support

Computerised protocols

Laminated reminders
Intended mechanisms/processes

- Identify/address barriers to change
- Reminders
  - Suggest tasks & actions
  - Goal setting
  - Enable action planning
- Enable social comparison & reflection
- Raise awareness
Intended outcomes

Feel able to act
Accept need for action
Increased awareness

Intention to act
Motivated to act
Agreed goals/plan
Action
ASPIRE implementation package
Understanding why things take flight or falter?
What happened in practice: Treetop
Working together, differently but efficiently
Implementation process model 2

PM receiving the reports each time

PM sends on to clinical staff and diabetes team but does not read himself - staff tend to see it as the diabetes team responsibility

Staff members recognize importance of A&F form and of topic and review content of A&F form - they see it as similar to what they are already doing

Diabetes team felt the final report was worse than they expected

Diabetes team agree to take part in ASPIRE with some caveats as they are already engaged in work around diabetes

Accept outreach session offer but don’t look at action plan beforehand

Diabetes team (1 GP and 1 PN) attend outreach meeting, have had informal discussions prior to it

Outreach meeting - some trouble arranging through PM (unresponsive) but PN is contacted and arranged

2nd outreach visit happens in Feb 16 - only GP attends. Others on leave after CQC visit (March 16)

At session, they discuss and agree several actions with pharmacist (Aug16)

Tasks are assigned as part of outreach

Reports are being sent only to diabetes team - no-one else involved in meetings either (Jun 16)

Diabetes team in contact with CH over time, so still aware of and thinking about study, both reviewing reports when arrive (Nov15)

Diabetes team feeling pressure over time as reports don’t improve (May 16)

Only diabetes staff reminded about study by my presence, and reports (Jan 16)

Recalls of patients not initiated in any systematic way for ASPIRE, as they were unaware of any generated reports. Frustration as a result (Jun 16)

No specific indicators for ASPIRE purposes

Patient are attending for other reasons

Both GP and PN believe they are being more proactive due to participation in ASPIRE, they especially feel they are trying harder on BP targets

No evidence of our checklist being adopted as PN has results converted in template that admin pre-populates and sends out to patients (PN/FW)

They made plans to do some work at final meeting – so still believe they can improve, but not likely to do it systematically for all patients as this is not incentivised or resourced

Patient note review is not completed by anyone - the admin believes she was asked to run searches, but she did not direct anyone to them and no-one reviewed these reports. No-one aware of outreach work

Staff waiting for completion of outreach support - they wait for this to happen in order to enable their next actions of reviewing patients

No indication that the practice use practices beyond the usual QOF indicator-related reminders

One task was that pharmacist said they would look into producing new template - the newer transpires and the practice do this themselves (May 16)

No evidence of peren and prot-in last in the practice as reminders

Diabetes team take up offer of outreach support at outreach visit in Aug15

Delays to engagement of support due to PN not making an allocated time to arrange access (FWV)

Further delays as smartcard access is problematic (several communications) - not sorted until Jan 16

At final practice meeting, the GP asked the admin to copy over searches and then to run some for his review (Jun 16)

Frustration as a result (Jun 16)

Diabetes team referred to ASPIRE searches during the meeting with consultant so did have access to them

The administrator was forwarded the email to action the searches, and she ran them. It is unclear if anyone asked for do this or if anyone intends to follow up

Sorting out the outreach support drops out over at least half a year

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What happened in practice: Dale
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- Diabetes team responsibility
- Work uncoordinated
- Dissemination restricted
- Unsuccessful action planning
- Disengagement and no incentive to change
Impeded implementation
Ideal and disrupted processes

- Clarity of clinical task message internalised
- Additional expectations to bridge gap between current practice and desired outcomes
- Relevant actors and collective action
- Searches/prompts limited reach, one off task
  Exposure to 2 day support – missed learning opportunity
  Lack of collective action disrupted flow of work
  Enabled change but may reduce adoption in routine practice
- Failed to target actors
- Resources to undertake
- Reminders
- Action planning
- Set achievable goals
- Credible source
- Important topic
- Other routes to improvement – poor differentiation
- Alternative actions
- Social comparison
- Punitive feedback.
  Strategic cascade.
  Does not reflect effort expended and inhibited action
- Social comparison competitive
- Clear clinical risk
  Delays in delivering outreach and support
  Facilitator credibility
- Manageable numbers
  Where to start
  Timeframes and time to get work done
- Clear roles, relevant actors enabled collective action
  (increased motivation, checks and shared understanding)
- Inhibited interactional workability
  Lack of collective action
  Disrupted flow of work
What are we adding to existing knowledge?

• Sociological and psychological explanatory theories go beyond describing fidelity.
• Disrupting beliefs, behaviours and processes of working is challenging in primary care as resources around clinical indicators structured differently.
• Intervention delivery, targeted receipt at relevant actors and potential for enactment should be optimised prior to evaluation.
• Dark and light process models (ideal and disrupted processes) provide targets for refining implementation strategies.
• Together NPT and the TDF provide a rich understanding of the social processes of work allocation and negotiation (NPT), and the psychological and interpersonal factors that motivate individual action (TDF).