

An Evaluation of the GP Clinical Evidence Fellowship programme- Year 3

Professor Pam Moule, Dr Sally Dowling, Dr Julie Taylor
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Background and evaluation context

The GP Clinical Evidence Fellow (CEF) programme was initially conceived to support the development of a culture of evidence-led best practice across the healthcare community, through placing GP CEFs at the heart of clinical commissioning, to work with healthcare clinicians and managers. In this role, the emphasis was to implement evidence informed commissioning to the benefit of services and the public.

The role has been implemented with some differences. Most, but not all, CEFs have worked for one session a week. An induction programme has been delivered to some and line manager/ mentor arrangements have varied.

Methods

A qualitative evaluation in the third year of the programme drew on interview data secured from the GP CEFs (n=10) and other stakeholders (n=8), including the programme director, sponsor and CCG staff who had had some involvement with the programme.

Though limited in its scope, the evaluation identified some key findings from both the CEFs and stakeholders and was able to make recommendations for practice.

Findings

GP CEFs

A number of support mechanisms were valued by the CEFs, in particular the availability of a mentor and line manager support and the provision of an induction programme. The network meetings taking place between the CEFs was also welcomed.

There were challenges when starting as a CEF, with a number reporting a lack of clear agreement on the role description and expectations.

" I wasn't really sure what I should be doing." CEF6

Differing experiences were also reported, perhaps reflecting this initial lack of common agreement. Whereas some were working as part of a team on specific projects, others had less structure and were working on a range of different areas.

Commonly, there was a recognition that time was limited and a preference was expressed for a contract that provided two sessions a week to the CCG.

Importantly a number of benefits were reported, in particular gaining knowledge of the working of the CCG and developing or enhancing critical review skills. Additionally, despite the short length of time in the role, there were examples of impact on policy and practice change reported and over time it is anticipated that further might be evidenced.

" Evidence on exercise for knee arthritis ..is being used by S.Glos." CEF7

CEFs also reported that they were adopting a more evidence-aware approach in clinical practice settings, often questioning practice delivery. Some also shared learning from the role with practice colleagues. This was seen as important because *"General Practice is under such pressure it's easy to just carry on and not question."* CEF6

Some were inspired to continue studies and the work, with one example of a CEF securing new research income.

Stakeholders (SH)

Overall the role was perceived positively from all stakeholders. In particular the additional resource and clinical practice expertise was welcomed.

"Really useful being a GP, it carries weight with the other clinicians" (SH)

There was also acknowledgement that effectiveness in the role often related in the CEFs experience and to their commitment.

Stakeholders also commented on the lack of initial clarity of expectation of the role and felt that this had developed over time. Time was also raised as a challenge within the role, with a suggestion that one session was not enough for the role.

"...however always thought one day a week would be better" (SH)

Despite the time constraints the stakeholders recognised the value that the role brought to the CCG and one respondent suggested,

"I'm not sure some of those pathways would have been implemented, the project manager would have been a bit stuck without (CEF) at that stage". (SH)

There was a desire to see the scheme continue, and to explore how to embed the role in the CCG and ensure sustainability.

Next steps

A number of recommendations were made to the sponsor for consideration. In particular these related to a review of the processes of induction, support and model of operation. Other models of time allocation might be considered and ways of working in CCGs might be standardised. In addition, collecting evidence of ongoing impact on practice and policy might be collected systematically to support sustainability arguments.