



RESEARCH

INFORMATION

Developing and evaluating an economic and ethico-legal framework for priority setting in health and social care



AIMS

The research had two aims: first to develop a priority setting framework, based on principles of economics, decision analysis, ethics and law to be implemented, for the purposes of allocating resources, in four newly-created (as of 2014) Health and Social Care Partnerships (HSCPs); second to evaluate the impact of using such a framework within participating HSCPs and through a survey of priority setting practices across all HSCPs in Scotland.



KEY FINDINGS

- A multi-disciplinary framework, including a flow diagram and guidance document, was developed with participation of HSCP stakeholders.
- There is a perceived need and enthusiasm for a framework to help HSCPs navigate setting priorities and allocating resources within integrated health and social care environments.
- In three sites, the framework facilitated progress in making recommendations for improvements to services.
- Full use of the framework, and thus impact in shifting the balance of care from acute (hospital) to community (closer to home) services, was limited by 'narrowness' in areas of application, not using key parts of the process (e.g. criteria weighting), challenges in embedding new integration structures and delegating responsibilities to HSCPs.
- Skills development and external support are required to enhance confidence in the use of the framework.
- These results are reflected in all HSCPs, with some not using any formal priority setting process, suggesting sub-optimal resource allocation, continuing to provide inefficient services and difficulties in shifting the balance of care.



WHAT DID THE STUDY INVOLVE?

In the development stage, a literature review was conducted to identify existing frameworks from economics, decision analysis, ethics and law. Principles and processes from the literature were combined in a new framework. A multidisciplinary workshop including users of the framework within HSCPs was held and the final framework produced with further refinements then made immediately prior to and during local implementation.

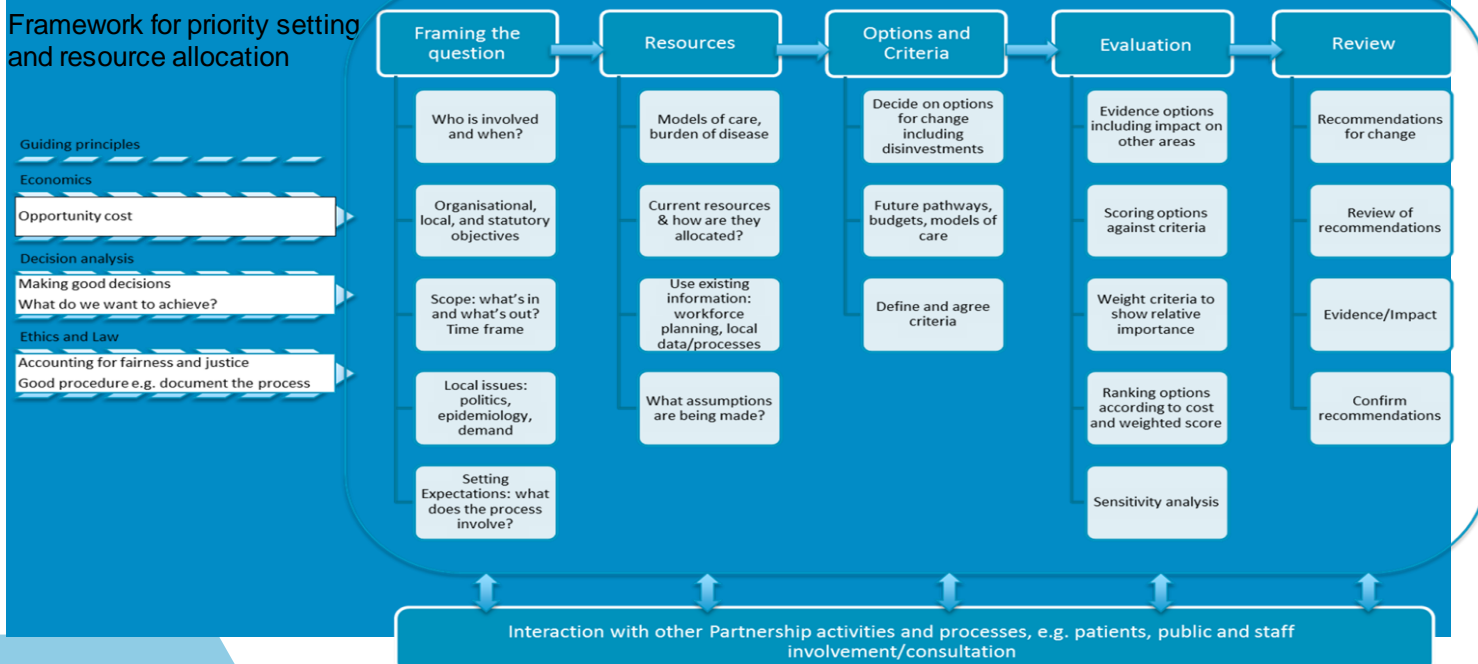


The framework was implemented in four sites: Falkirk, Clackmannanshire & Stirling, Western Isles and North Lanarkshire. Participatory Action Research (PAR) methods were employed in Falkirk and North Lanarkshire. PAR is where the researcher is involved in the research, in this case, working with HSCP staff to implement the priority setting framework. Notes and observations were recorded in these two sites. Support in the form of advice was provided to Clackmannanshire & Stirling and Western Isles as they worked through the process. The difference in input from the researcher in each site allowed for comparison of the process and outcomes with and without PAR. Stakeholder interviews in all four sites gathered information pre- and post-implementation of the framework. To facilitate a comparative evaluation across all HSCPs, an online survey was launched to collect data on priority setting practices across all HSCPs, with data collected and analysed for similarities and differences across all respondents. The aim was to establish a fuller representation of priority setting and resource allocation practices in HSCPs to make recommendations for policy and practice.

WHAT WERE THE RESULTS AND WHAT DO THEY MEAN?

The framework developed and implemented is shown below, incorporating principles and process stages from economics, decision analysis, ethics and law. A guidance document with further information on each stage sits alongside the diagram below. There was a clear need and enthusiasm for a robust process for setting priorities and allocating resources across and within services to add to existing guidance issued by Scottish Government. Integration in some sites was still to be fully completed as per legislation and this caused issues with working with such a framework, looking across health and social care and the capacity of staff working in the HSCPs. However, even with these constraints, and although applied to relatively 'narrow' areas of provision, three out of the four sites were successful in working through the process, recommending improvements to services with the aim of benefitting the local population. Proposed changes included disinvestments of services which were not providing benefit based on agreed criteria and reallocations within budget/service areas. Despite challenges, stakeholders' views were that such a framework is required to move from resource allocations being based on historical budgets and service provision and encourages participation in decision making of a wider group of stakeholders. Increased pressure on resources induced by the pandemic makes such frameworks even more critical for fair and transparent decision leading to greater efficiency.

Framework for priority setting and resource allocation





WHAT IMPACT COULD THE FINDINGS HAVE?

For patients, service users and carers:

- Using a robust process for priority setting and resource allocation allows for service improvements to be made by identifying which aspects of provision are not working, e.g. there is evidence that a service is not providing enough benefit for the resource allocated to that service, and moving the resource (staff and/or finance) to a more beneficial service to ensure the right services are provided at the right time in the right place.

For policy:

- The results support recommendations for more-specific guidance and skills development in developing and implementing clearer processes for fair and efficient priority setting and resource allocation to support HSCPs, and, proposed Community Health & Social Care Boards (CHSCBs) under forthcoming National Care Service legislation. This is reinforced by the Independent Review of Adult Social Care recommendation for ethical commissioning.

For practice:

- IJBs, and future CHSCB, require clarity to inform their HSCPs as to expectations of priority setting processes in informing resource allocation decisions. This could mean, for example, use of explicit criteria for decision making (and weighting of their importance) being set at the IJB level.



HOW WILL THE OUTCOMES BE DISSEMINATED?

Reports have been written for our case study sites with further updates to be made once all data analysis is complete. Nationally, we aim to present at the NHS conference in 2022 and to draft guidance for dissemination by Scottish Government to current and future health and social care organisations. The research will be presented at academic conferences. Papers will be published in peer-reviewed academic journals.



CONCLUSION

Working with HSCPs (and future CHSCBs), we developed a framework to aid priority setting and resource allocation decisions, accounting for perspectives from economics, decision analysis, ethics and law. Participating sites were able to work through the framework, but not all HSCPs use robust (or indeed any) such processes, leading to possible sub-optimisation of service provision and inefficient use of valuable health and social care resources for local populations. Participants recommended external facilitation and training for HSCPs to achieve best practice. As well as achieving improved understanding and acceptance by key stakeholders, this would also encourage better alignment with the integrated, multi-disciplinary perspectives offered by the framework.



RESEARCH TEAM & CONTACT

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Additional Information

The project was completed by 31st January 2022. Extensions were granted and a total of £350,960 of funding was awarded.

