

## **Using Implementation Science to Evaluate Successful Implementation of the Mind & Body Programme**

### **Mind & Body Programme**

The mind and body are inseparable, and mental and physical health conditions are often connected. Integrating mental and physical healthcare services has the potential to vastly improve the care that patients receive.

Evidence shows that by joining up physical and mental healthcare, we can help someone to manage their different conditions, improve their health outcomes, and even prevent unnecessary health problems for some people by identifying risk early.

- The average life expectancy for someone with a long-term mental health illness or learning disability is 15- 20 years shorter than for someone without
- 30% of people with long-term physical health conditions, such as diabetes, arthritis or heart problems, also have a mental health condition, such as depression or anxiety
- Nearly half of all people with diagnosed mental illness also have at least one, and often more, long-term physical conditions.

There are exciting new developments, including the emergence of 'immuno-psychiatry', which is all about communication between the brain and the immune system, and explores the potential to manage psychiatric disorders through novel treatment approaches that target the immune system. Whilst we might still be building our knowledge of how physical and mental health interacts, we know that when mental and physical health problems are combined, people are less able to manage their conditions properly and their health outcomes become worse.

There are many ways that NHS services are already trying to address this problem, but we need to turn best practice into common practice.

Our partnership is committed to a programme of work to join up and deliver excellent mental and physical healthcare, research and education so that we treat the whole person. We are doing this by:

- improving our understanding of population mind and body needs, which will underpin the provision of high quality care
- improving identification and diagnosis of mind and body needs through universal assessment and meaningful sharing of data
- robust evaluation of what works and developing a common set of clinical and economic outcome measures to inform system development and incentives
- learning and development to upskill our workforce to be aware and practice essential skills confidently across mind and body
- developing new and enhancing existing service infrastructure to fully embed a mind and body approach
- championing an integrated mind and body ethos across our partnership through system leadership, communications and awareness raising.

## Implementation Science and why it matters to Mind & Body

Implementation Science is the scientific study of methods to promote the systematic uptake of research findings and other evidence-based practices into routine practice<sup>1</sup>. Targeting under-utilised evidence-based practices, implementation science can be applied to identify and address any gaps in services or health systems. Implementation science helps bridge the gap between knowing and doing, which is critical for the development of learning healthcare systems<sup>2</sup>.

It has been reported that many interventions found to be effective in health services research studies fail to translate into meaningful patient care outcomes across multiple contexts and some estimates indicate that two-thirds of organisations' efforts to implement change fail<sup>3</sup>. Implementation barriers can arise at various levels of healthcare delivery including patient level, provider/team level, organisational level, and at the market/policy level<sup>4</sup>.

As an Academic Health Science Centre (AHSC) the ambition of King's Health Partners is to combine the collective strengths of our partner organisations (Guy's and St Thomas', King's College Hospital, and South London and Maudsley NHS Foundation Trusts and King's College London) to bring world-class research, education and clinical practice together for the benefit of patients. King's Health Partners spans a large and diverse partnership with over 40,000 staff, 30,000 students and we have 4.9 million patient contacts per year. This presents a significantly challenging environment to deliver our vision for integrated mind and body at scale, requiring a shift in mindsets, and a change in culture.

The research and evidence base supporting mind and body approaches might be sound, but that does not necessarily guarantee successful implementation within our local health and care environment. It is possible that highly effective interventions can fail when taken from a research setting within controlled environments into clinical service delivery. Furthermore, it can be difficult to distinguish if the intervention itself is ineffective, or whether the intervention was deployed incorrectly. This is referred to within the literature as implementation failure.

### Case Example

Consider a situation where a training session has been co-designed with patients and service users and is considered gold standard and in line with best clinical practice. If this training session were to be conducted on a date or at a time when the target audience were not available to attend due to ward staffing pressures, the training course (implementation strategy) could be rendered meaningless.

## Aim of Implementation Evaluation

Our aim is to undertake a light touch formative evaluation to assess the extent to which the implementation of mind and body interventions and approaches are effective to date. To do this, we

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<sup>1</sup> Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science, Implementation Science, Bio Medical Central. Damschroder et al 2009

<sup>2</sup> Eccles & Mittman, 2006. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1436009/>

<sup>3</sup> Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science, Implementation Science, Bio Medical Central. Damschroder et al 2009

<sup>4</sup> Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science, Implementation Science, Bio Medical Central. Damschroder et al 2009

will apply eight conceptually distinct implementation outcomes as suggested by Proctor et al, 2010<sup>5</sup>. Implementation outcomes can be defined as the effects of deliberate and purposive actions to implement new treatments, practices and services (Proctor et al, 2010). Implementation outcomes can therefore be used to measure implementation success and to that end, health services researchers are increasingly recognising the critical role of implementation science<sup>6</sup>.

Furthermore, by evaluating the success (or failure) of our activities, we hope to deepen our understanding of how and why certain implementation strategies have or have not worked. There is great value in identifying the processes that underpin and lead to the delivery of clinically or professionally meaningful mind and body outcomes, such as convening multi-stakeholder meetings, delivering informative presentations and organising/attending events. Arguably these elements of mind and body delivery are the building blocks for developing interest amongst partners, turning interest into appetite to create change, appetite into action, and action into impact and value add.

In addition to assessing the level of successful implementation, by locating the cause of any implementation failure, we may identify areas to be modified so that our interventions will work<sup>7</sup>. As suggested by Cox et al (2017)<sup>8</sup>, we therefore propose to undertake a combined evaluation of our structures, processes, and outcomes by developing and tracking a set of measures that reflect how the central team operate and where time is invested.

This will enable the Mind & Body programme team to optimise intervention benefits, prolong the sustainability of our programme interventions and promote dissemination of findings to support shared learning and understanding which can then be translated into other contexts, perhaps regionally and nationally. It is hoped that by conducting an initial light touch implementation review, this could lead to future more comprehensive evaluation of Mind & Body approaches.

### **Mind & Body Programme Theory of Change**

The Mind & Body programme team represents a multi-faceted 'implementation strategy'. Proctor et al (2012) stated that 'theory should be used to explain the mechanisms through which implementation strategies are proposed to exert their effects, and it may be helpful to clarify the proposed mechanisms of change through the development of a logic model and illustrate the model through a figure<sup>9</sup>.'

A logic model was developed by the mind and body team (see appendix 1) as a process for understanding how our efforts and initiatives are designed to work. Through this process, we identified the inputs, processes (by which we refer to the range of implementation strategies employed across the programme), outputs and outcomes to help with evaluation planning and to identify what data we need and how to collect it.

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<sup>5</sup> Outcomes for Implementation Research: Conceptual Distinctions, Measurement Challenges, and Research Agenda Proctor et al 2010.

<sup>6</sup> Bammer G: Integration and Implementation Sciences: building a new specialization. *Ecology and Society* 2005, 10:6.

<sup>7</sup> Suchman (1967). Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science, Implementation Science, Bio Medical Central. Damschroder et al 2009

<sup>8</sup> Evaluating organizational-level work stress interventions: Beyond traditional methods, Cox et al (2017).

<http://dx.doi.org/10.1080/02678370701760757>

<sup>9</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3541090/>

## **Methods for determining successful implementation**

Using an Implementation Science framework, we have developed a plan for evaluation of the approaches (implementation strategies) undertaken by the core programme team. This will help us begin to assess the effectiveness of our interventions in 'real world' settings across our partnership.

In addition to developing the logic model, we have also analysed existing data that is routinely collected from training courses, including feedback from the Learning and Development Workforce Survey (2015-2018), and the Staff Health & Wellbeing Toolkit launch event (March 2019). This data will highlight any gaps in our understanding of our programme activities. (See summary dashboard in appendix 2).

Through autumn 2019, we are proposing to undertake a light touch formative evaluation using a mixed qualitative and quantitative methods approach to assess the extent to which the implementation of Mind & Body interventions are effective to date. We are proposing to publish our findings and recommendations in early 2020.

## **Considerations and Limiting Factors**

It has been well documented that the breadth of an evaluation will always be limited by the resources available, but that a well-designed, simple evaluation can be as powerful as a more complex and costly one<sup>10</sup>. The Mind & Body evaluation approach will be pragmatic, based on the resource, expertise and time available within the team. The evaluation will primarily be carried out in-house by the Mind & Body Programme Team with some limited expert advice and input from King's College London (KCL), Kings Improvement Science (KIS) and the Applied Research Centre (ARC). We will also seek additional resource via a short-term student placement from King's College London.

As with any complex intervention, there are challenges in attributing causality and differentiating between the benefits of Mind & Body projects and the overarching programme approach. As we are not proposing to use a control condition or an experimental design e.g. a randomised control trial (RCT), it will be difficult to say with certainty that any changes in outcomes were due to the Mind & Body team and not some other factor. For example, multiple stakeholders deliver messages in unique ways and there are multiple interpretations of the key messaging around mind and body approaches in environments given that they are multi-specialty and somewhat culturally and geographically disparate.

Therefore, where changes in outcomes are identified, it may be difficult to specifically pinpoint the 'active ingredients' in facilitating this i.e. would the change have happened anyway without the efforts of the core Mind & Body team. We propose that qualitative data will be helpful in providing insight into how and why changes happened, and by reflecting on and adapting our logic model this could help to create a clearer theory of the pathway to impact. However, we recognise the limitations implicit within this approach, and will clear caveat our findings and recommendations.

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<sup>10</sup> [https://www.who.int/roadsafety/projects/manuals/speed\\_manual/5-How.pdf](https://www.who.int/roadsafety/projects/manuals/speed_manual/5-How.pdf)

## Implementation Outcomes

To evaluate the effectiveness of our Mind & Body approaches (implementation strategies), table 1 below identifies the implementation outcomes that we will measure our effectiveness against and the main measurement(s) we will use.

Implementation Outcomes (Proctor et al, 2010) <sup>11</sup>	Importance for Mind & Body (what are we hoping to demonstrate)	Main measurement(s)
1. Acceptability	<ul style="list-style-type: none"> <li>• How accepted Mind &amp; Body approaches are to different stakeholders</li> <li>• How acceptable and credible our interventions are</li> </ul>	<ul style="list-style-type: none"> <li>➤ <i>Semi-structured interviews with a range of stakeholders (including patients/service users, family/carers, clinicians and non-clinical staff)</i></li> <li>➤ <i>Analysis of evaluation forms from training courses &amp; events</i></li> </ul>
2. Adoption	<ul style="list-style-type: none"> <li>• Level of uptake or application of an intervention. (For example, a high number of Champions across the Mind &amp; Body Network could demonstrate a ‘social movement’ and commitment from staff to advocate for and deliver mind and body care)</li> </ul>	<ul style="list-style-type: none"> <li>➤ <i>Number of Champions and activities (initial target of 50 Champions within first year)</i></li> <li>➤ <i>Number of presentations delivered / number of new approaches (% of target)</i></li> <li>➤ <i>Number of mind and body projects</i></li> </ul>
3. Appropriateness	<ul style="list-style-type: none"> <li>• Level of perceived relevance, compatibility, suitability and usefulness of interventions</li> <li>• Level of alignment between Mind &amp; Body approaches and the skills, roles and job description of staff</li> </ul>	<ul style="list-style-type: none"> <li>➤ <i>Semi-structured interviews with stakeholders on perceived relevance, compatibility, suitability and usefulness of interventions</i></li> </ul>
4. Feasibility	<ul style="list-style-type: none"> <li>• Demonstrate how successfully a new service or initiative was carried out within a certain setting</li> <li>• Suitability for everyday use and how practical the intervention is</li> </ul>	<ul style="list-style-type: none"> <li>➤ <i>Analysis of evaluation forms from training courses and service improvement feedback</i></li> <li>➤ <i>Impact case studies</i></li> </ul>

<sup>11</sup> Outcomes for Implementation Research: Conceptual Distinctions, Measurement Challenges, and Research Agenda Proctor et al 2010.

5. Fidelity	<ul style="list-style-type: none"> <li>• Assess how closely an intervention was implemented as it was originally designed / intended</li> <li>• Amount of implementation changes made by practitioners and the impact of these changes</li> </ul>	<ul style="list-style-type: none"> <li>➤ <i>Qualitative feedback on activities of Champions (information and signposting, advocacy, implementation of M&amp;B approaches in workplace)</i></li> </ul>
6. Implementation cost	<ul style="list-style-type: none"> <li>• Understand the cost impact of an implementation effort</li> <li>• Ability to justify (or not) the level of investment in time and resources to the delivery of interventions in comparison to a do-nothing or alternative delivery approach</li> </ul>	<ul style="list-style-type: none"> <li>➤ <i>Core Mind &amp; Body team pay costs</i></li> <li>➤ <i>Cost of resources from central King's Health Partners Communications team</i></li> <li>➤ <i>Cost per training course/per place</i></li> <li>➤ <i>Value of grants bid for / won</i></li> <li>➤ <i>Cost of promotional materials and other non-pay &amp; consumables</i></li> </ul>
7. Penetration	<ul style="list-style-type: none"> <li>• Understand the reach of Mind &amp; Body interventions through various communication channels and publications</li> </ul>	<ul style="list-style-type: none"> <li>➤ <i>Twitter impressions (@kingshealth @katemindandbody)</i></li> <li>➤ <i>Number of hits on:</i> <ul style="list-style-type: none"> <li>○ <i>Mind &amp; Body website/intranet pages</i></li> <li>○ <i>Mind &amp; Body monthly newsletter</i></li> </ul> </li> <li>➤ <i>Numbers accessing Staff Health and Wellbeing Toolkit</i></li> <li>➤ <i>Number of Publications (Guardian, Trade Press, BMJ)</i></li> <li>➤ <i>Award applications / nominations</i></li> <li>➤ <i>Numbers undertaken e-learning</i></li> <li>➤ <i>Numbers receiving Mind &amp; Body content through staff inductions</i></li> </ul>
8. Sustainability	<ul style="list-style-type: none"> <li>• Extent to which Mind &amp; Body interventions become routinely available to patients and service users across King's Health Partners and are sustained as business as usual</li> </ul>	<ul style="list-style-type: none"> <li>➤ <i>Qualitative feedback (semi-structured interviews) on level of Mind &amp; Body input/support as approaches are maintained in clinical practice</i></li> <li>➤ <i>Qualitative feedback (semi-structured interviews) on level of clinical team involvement and how their practice has changed</i></li> </ul>

		<ul style="list-style-type: none"><li>➤ <i>Number of Mind &amp; Body projects funded as part of business as usual</i></li><li>➤ <i>Number of IMPARTS screens</i></li></ul>
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*Table 1: Implementation outcomes and measurements*

### **Next Steps**

- Apply for a King's College London Research Student on a short-term placement to support with data collection and analysis through qualitative/quantitative mixed methods approaches;
- Undertake planned evaluation, analysis and write up in Q2 and Q3 2019/20;
- Agree sign off at relevant forums including Mind & Body Programme Board in May 2020;
- Publish findings and recommendations by early 2020.

**Sophie Gray**, Senior Project Manager

**Kate Lillywhite**, Programme Director

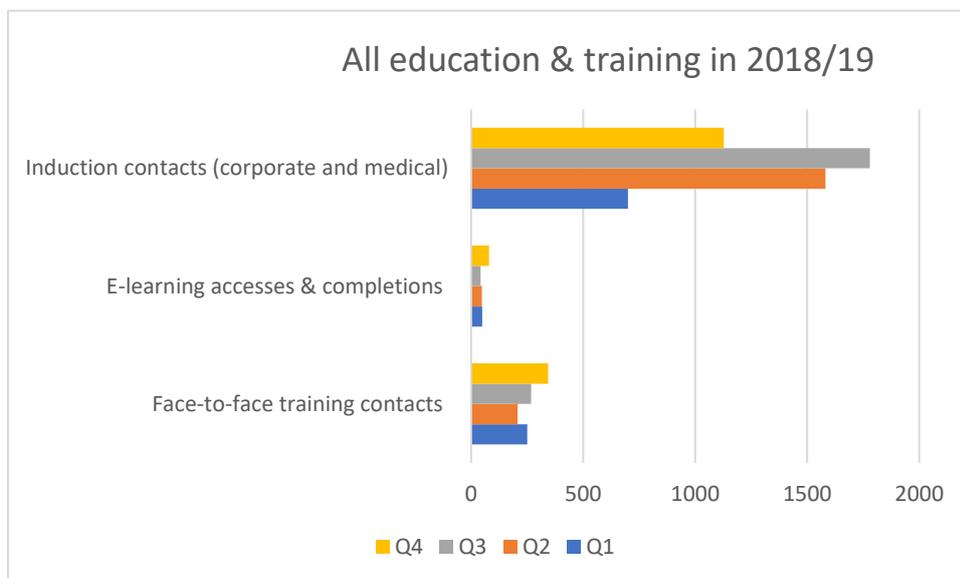
## Appendix 1: Mind & Body Programme Logic Model

STRUCTURE / INPUTS	PROCESS / OUTPUTS			IMPLEMENTATION OUTCOMES TO DEMONSTRATE IMPACT		
	<i>Projects</i>	<i>Activities/ Processes (Implementation Strategies)</i>	<i>Products</i>	<i>Short term</i>	<i>Intermediate</i>	<i>Long term</i>
<p>Dedicated core staff: Mind &amp; Body Core Programme Team: 0.2 FTE Clinical Director, 1 FTE Programme Director, 1 FTE Senior Project Manager, 1 FTE Project Manager, 1 FSE*, 0.5 FTE Business Support Officer</p> <p>Specialist staff time (External): 0.2 FTE Primary Care Clinical Advisor, 0.2 FTE Value Based Healthcare Mind &amp; Body Lead*, 0.2 FTE ST4 Junior Doctor, 0.2 FTE Clinical Education Lead</p> <p>Non-pay costs - venue bookings, catering, travel</p> <p>Specialist staff time: Communications, expert clinical oversight from Programme Board, Ops Group, KHP joint boards, S&amp;L Strategic Partnership, acut Trust MH Boards, SLaM Physical Health Improvement Board</p> <p>Patient and public engagement with patients and service users</p> <p>Discretionary input from staff across King's Health Partners, Southwark and Lambeth</p> <p>Partnership across King's Health Partners to facilitate access to expertise, research &amp; evidence</p> <p>* Risk associated with sustainability of these roles</p>	<p>Directly Managed Clinical Teams (this includes projects led by the wider network for which we provide support)</p> <p>Comms &amp; Digital</p> <p>Patient &amp; Public Engagement (PPE) and Staff Engagement</p> <p>Education &amp; Training - Team Twinning</p> <p>Champions Network</p> <p>Staff health and wellbeing</p>	<p>Grant applications, strategies, new services, publications, reports, awards, research journals</p> <p>Public facing twitter account, monthly newsletter with themed MH promotions including MH awareness day/week</p> <p>Sharing of experiences and stories from expert service users / people with lived experience of to provide insight, advice and guidance</p> <p>Academic: (Undergraduate curriculums, Postgraduate Training Schemes) &amp; Professional: (Mind &amp; Body animation, Mind &amp; Body e-learning, 1 day Clinical Skills courses (adult and children's health), Leadership Learning Network, Maudsley Simulation, IMPARTS Seminar, IMPARTS 5 day course, Bitesize bespoke clinical training, Staff health and wellbeing toolkit and courses)</p> <p>Recruit new Champions and a platform for communicating education and training, blogs and news stories, organised events and a range of resources to enable Champions to deliver advocacy work and roll out Mind &amp; Body practices and care</p> <p>External (national and international) Engagement - Raising profile, awards and learning networks, advice and consultancy, partnerships and system alignment i.e. LCNs</p> <p>Leading on development of psychological support for staff across KHP in particular in acute 'physical' healthcare settings</p>	<p>Grant applications, strategies, new services, publications, reports, awards, research journals</p> <p>Mind and body twitter account, website visits, roadshows, campaign days/weeks, partner channels</p> <p>Blogs, new stories, patient journeys, video stories, reports, strategy, events</p> <p>5,000+ staff reached via induction training, reports, Elearning, videos, webinars, workforce survey, training strategy and index, training programmes and schedules, facilitation guides</p> <p>Leading a movement in South London with 600+ Champions with expertise in Mind &amp; Body, events, focus groups, newsletter, framework</p> <p>Enhanced psychological support for staff when exposed to 'organisational trauma,' shared learning and expertise across KHP</p> <p>Staff Toolkit</p>	<p>Enhanced integrated response, improved education for teams</p> <p>Enhanced integrated response, improved education for teams</p> <p>Increased awareness of physical health and mental health through uptake of education and training, good news stories, advocacy</p> <p>Awareness raising amongst clinical teams, earlier detection of physical health and mental health needs</p> <p>Higher confidence addressing psychological and social needs of patients across MH and acute care settings</p> <p>Upskilled workforce with the knowledge and confidence to practice whole person care</p>	<p>Improved mental and physical healthcare</p> <p>Improved mental and physical healthcare</p> <p>Development of 'physiologically-minded' workforce at SLaM and 'psychologically-minded' workforce within general hospitals</p> <p>Development of 'physiologically-minded' workforce at SLaM and 'psychologically-minded' workforce within general hospitals</p> <p>Development of 'physiologically-minded' workforce at SLaM and 'psychologically-minded' workforce within general hospitals</p> <p>Earlier detection and support for mental health need</p>	<p>Improved health outcomes</p> <p>Improved health outcomes</p> <p>Improved mortality and reduced inequalities in SMI population</p> <p>Improved mortality and reduced inequalities in SMI population</p> <p>Reduced morbidity and mortality in SLaM in-patient population</p> <p>Delivery of holistic, whole person, mind and body care across all care settings</p>

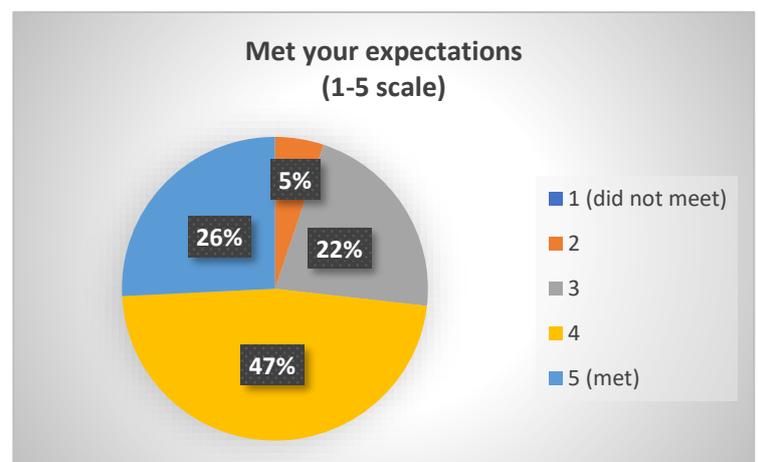
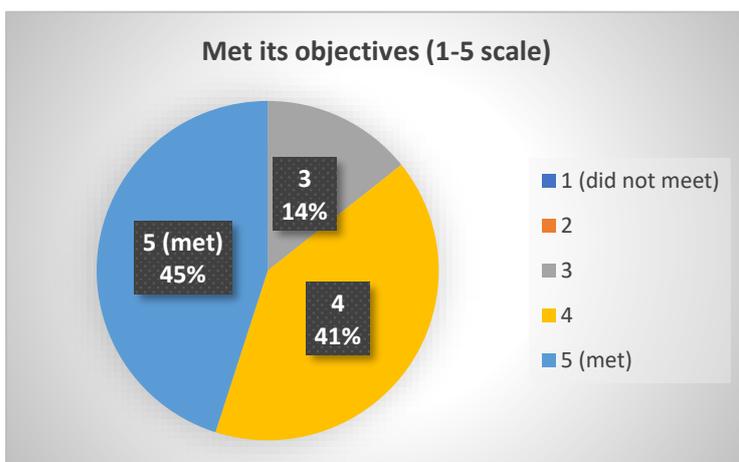
## Appendix 2: Summary Dashboard

Existing data that is routinely collected by the team has been analysed to highlight any gaps in our understanding of the appropriateness and current reach of our programme activities. The summary dashboard includes data from the following sources:

- Education and training courses (induction, e-learning, face-to-face) including the one-day clinical skills course
- Learning & Development Workforce Survey (2015-2018)
- King’s Health Partners Annual Conference Workshop Feedback – all staff and Champions (May 2019)
- Evaluation from Staff Health & Wellbeing Toolkit launch event (March 2019).



### One-day clinical skills course - 63 trained between March 2018-July 2019



This wordcloud visually represents the words that attendees typically associated with mind and body having attended the one day clinic skills course. The larger the text size, the greater the number of mentions by attendees:



#### **L&D Workforce Survey (2015-2018)**

- 95% of respondents reported being aware of the overlap between physical and mental health needs. This represents nearly a 10% increase compared to the 2015 survey
- There was a 10 percentage points increase for those self-reporting as 'confident', while those self-reporting as 'unconfident' almost halved (from 20% to 11%)
- Respondents who see mind and body training as mandatory rose from 74% to 78%
- The number of people that had received mind and body training was up by nearly 20%, with notable increases in online and simulation training.

**King's Health Partners Annual Conference (May 2019) - Workshop feedback on what is working well and what more is needed to further improve effective delivery of mind and body care across our partnership:**

**Champions:**

***Positives***

- The Mind & Body badges act as a talking point and help Champions start conversations to raise awareness
- Being a Champion gives staff 'permission' to raise what they view as important
- The range and level of commitment from Champions is good and allows meaningful engagement with the programme
- It is motivating to be able to network and venture beyond traditional organisational boundaries
- The programme helps to expand Champions own learning and expertise
- Being a Champion allows staff to help patients in way that exceeds their expectations

***Barriers/concerns***

- A lack of personal confidence can make it difficult to spread the message to others
- Limited time to meet with others, or change ways of working amongst teams
- Often hard to encourage other team members to make lasting changes
- Knowledge of how and where to access wider information - and the time needed to do so - can be challenging

***Activities***

- A&E nurses at Guy's and St Thomas's have used the Toolkit – see the blog [here](#)
- Care Coordinator held a series of exercise classes in intensive care
- Champions have used the Wheel of Wellbeing and the Happy@Work resources with their teams
- Some have set up Mental Health notice boards - visible for those on night shifts and on a coffee breaks etc.
- Putting Vital 5 into action
- Used Champions network to encourage behaviour change and link up services

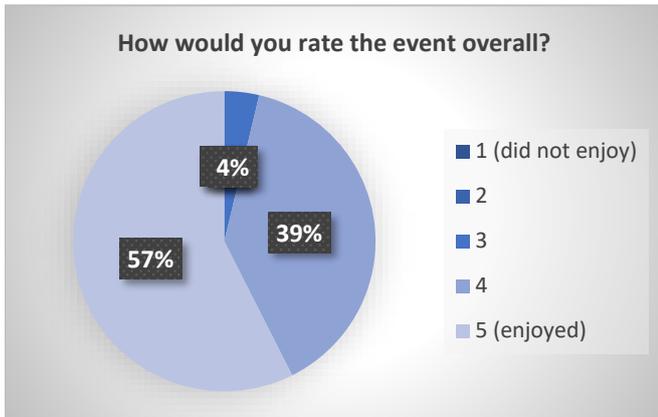
***Looking forward***

- Champions would like to see the importance of mind and body embedded into policy and practice throughout the healthcare system, including QI and research projects. However, true embedding requires this to extend further into the wider culture and day-to-day practices
- Engage and integrate more with commissioners, especially mental health commissioners
- Develop a mailing list to help encourage Champions to meet with and support each other
- Develop a poster that Champions can put up on their wards/in staff canteen
- The mind and body team to attend more local events to raise awareness and encourage even more Champions to sign up and cascade information within the Trusts
- Have a theme each month to help Champions focus their thoughts and to think of specific activities they could put into practice
- Hold regular but informal networking/forum events where Champions can network
- Ensure all professionals are aware of the Champions and resources, for example dieticians and pharmacists
- Engage with NHS digital about innovative and QI projects and using AI to help integrate records and limit duplication
- Devise a new way of capturing and sharing all the various activities that are taking place across the partnership
- Ensure the programme is raised in all staff inductions and make some Mind & Body training mandatory to go beyond the 'coalition of the willing'

**All Staff:**

- Need integrated patient records (including social care data) to improve care
- Introduce standardised handover processes when there are staffing changes
- More self-management support should be available to increase patients own confidence
- Need to simplify our care pathways to support coordination of care
- Avoid making assumptions when supporting patients with both a physical and mental health condition
- Consider the role of the voluntary and third sector, GPs, pharmacy and dental in improving day-to-day living of our patients
- Sleep support/services should be utilised more as this can make a very big impact on quality of life.

**Staff Health & Wellbeing Toolkit Launch (March 2019)** - 91% of attendees felt more confident in supporting their own or their colleagues' wellbeing.



- What are your initial thoughts on the toolkit?
- *Great resource*
  - *Excellent*
  - *Great tool*
  - *Personally beneficial*
  - *Helpful for my team*
  - *Fantastic strategies*
  - *Very practical*
  - *Adaptable*
  - *Looks easy to implement*

