CLEAR
Empowering staff to innovate care

The value of CLEAR

A formative health economic evaluation of the National CLEAR Programme

Prepared in collaboration with
Economics By Design and RREAL UCL

EBD.
EconomicsByDesign

RREAL

Delivered by

33n

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Introduction

The National Clinically-Led workforcE and Activity Redesign (CLEAR) Programme places clinicians at the heart of healthcare innovation and decision making.

Sponsored by Health Education England, it is hosted by East Lancashire NHS Trust and delivered by 33n, a team of NHS clinicians, data engineers and scientists who are united in their passion to improve services, address workforce challenges and enhance patient care.

The programme began in 2019 with seven pilot projects focused on transformation in urgent and emergency care. Since then, CLEAR has worked with more than 15 NHS organisations across 50 innovation projects and provided rapid support and training to the NHS during the COVID-19 pandemic.

It continues to support the NHS in restoring and transforming services with projects across its priority areas - mental health, critical care, urgent and emergency care and anticipatory care.

A key commitment of the programme is ongoing evaluation of the impact of CLEAR projects and ensuring it can evidence the value it brings to the NHS.

UCL's Rapid Research, Evaluation and Appraisal Lab (RREAL) and Economics By Design were commissioned in summer 2021 to conduct a first independent formative health economic evaluation of the programme focussing on CLEAR's 2019 and 2020 projects. The evaluation, using projects as case studies, was designed to assess the range of Return on Investment (RoI) CLEAR projects can bring, as well as how they deliver and inform the programme's future direction.

CLEAR has empowered over 100 NHS staff to lead change through more than 50 innovation projects

"CLEAR equips clinical colleagues with the skills to redesign from the front"

Kirstie Baxter, Head of Workforce Transformation, Health Education England

Background to CLEAR

CLEAR is designed to empower clinicians to improve patient care, system efficiency and staff experience.

Clinicians often lack the time, training, and analytical support to design and implement sustainable solutions, which are vital to leading sustainable change. The National CLEAR Programme puts clinicians in the driving seat to redesign services and enable improvement.

CLEAR addresses key areas of the health and care agenda and is aligned to the triple and quadruple aim - improving population health, systems efficiency and better experience for both patients and staff.

CLEAR puts clinicians in the driving seat to redesign services and enable improvement

Programme structure

The 24-week work-based programme trains clinicians to use big data analysis to deliver new models of care and workforce redesign in line with the goals of the NHS People Plan and the NHS Long Term Plan.

The programme has four key aims:

Clinically-led culture

To increase the control of clinicians and clinical teams in the design and operations of front-line health care delivery, improving morale, well-being and staff retention and recruitment.

Clinical ownership

To deliver solutions which are clinically owned and hence more likely to result in tangible lasting improvements.

New skills

To provide a more efficient solution to the design of complex change programmes than the traditional model of outsourcing to external consultants.

New ways of working

To embed core improvement techniques and skills into working practices of front-line professionals, upskilling the workforce and improving system productivity.

Find out more about what's involved in the CLEAR 24 week programme with our week-by-week guide

Click to access

Evaluation purpose and methodology

In the summer of 2021, we commissioned health economists, from UCL's Rapid Research, Evaluation and Appraisal Lab (RREAL) and Economics By Design, to conduct an independent formative* evaluation of CLEAR projects commissioned in 2019 and 2020.

Purpose

The purpose of the evaluation was to:
- Assess the Return on Investment (RoI) a CLEAR project may bring to a participating NHS organisation and sponsors
- Inform the future direction and development of CLEAR
- Assess the extent to which CLEAR projects deliver on the value promise and achieve the core aims of the programme

Research methods

The formative evaluation methodology follows a health economic logic model (see below), assessing the cost of inputs and resources involved, the efficiency of the methodology and the impact of the outcomes created.

The data on which the analysis was performed included:
- Interviews with people involved in the design of CLEAR (n=4) and previous CLEAR programme participants (n=6)
- Interviews with people who have been or are CLEAR delivery or education leads (n=5)
- Survey with previous CLEAR programme participants (n=14)
- Reports and recommendations from previous CLEAR projects 7

> **"Interviews highlighted that clinicians felt empowered as they believed that CLEAR gave them the opportunity to speak to senior staff in their trusts and be heard "**
>
> Dr Cecilia Vindrola-Padros,
> Co-Director RREAL

The health economic logic model

**Resources** → **Inputs** → **Process** → **Outputs** → **Outcomes** → **Impact**
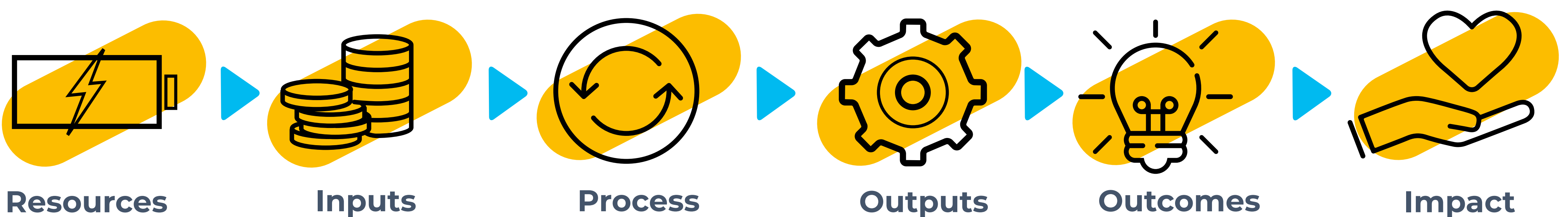
Health economists

RREAL uses research to improve health care systems, programmes and interventions delivered in time sensitive contexts. The multidisciplinary team has expertise in qualitative and quantitative research.

Economics By Design applies the combined disciplines of economics, design and research to bring a fresh value-based perspective to challenging population health issues, to power improvement across the health and care system.

*The evaluation was formative as insufficient time had elapsed for all the recommendations to have been implemented. The programme is re-engaging project sites to develop a summative evaluation of the impact of CLEAR.

Key findings
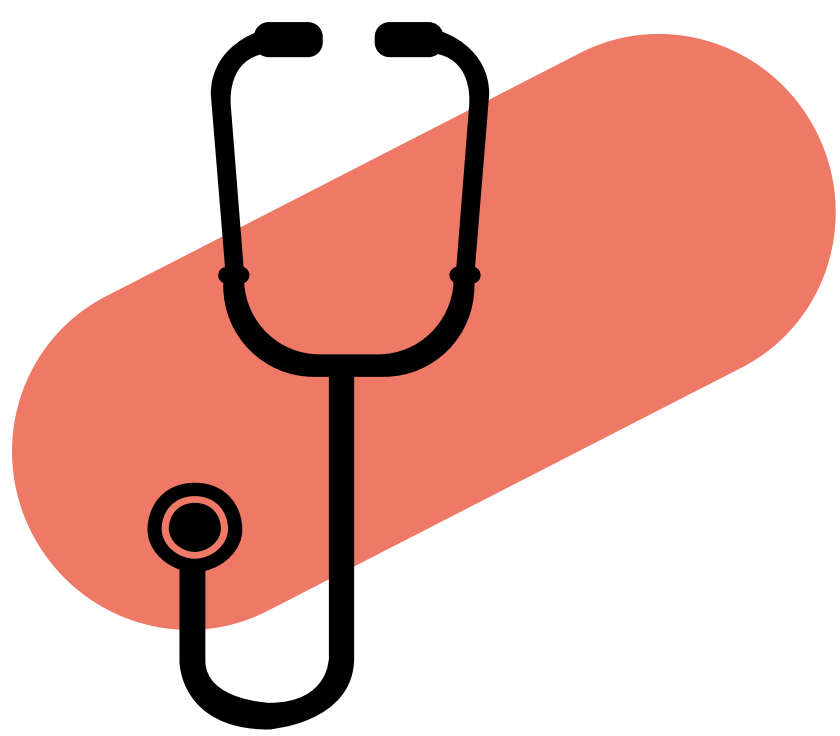
Finding one - Implementation

CLEAR recommendations are more likely to be implemented compared to other complex healthcare interventions because of the levels of clinical engagement – and have a potential Return on Investment of up to £14 over 5 years for every £1 invested.

Finding two - Efficiency

CLEAR provides more cost-effective delivery of complex change programmes than the alternatives – resulting in a cost saving of £1.90 for every £1 spent regardless of implementation success or quality of recommendations.

Finding three - Staff retention

CLEAR is estimated to have a positive impact on staff retention and wellbeing based on empirical models – the cost of a CLEAR project is covered if one medical consultant remains in post for a year or there is 1% improvement in the annual staff retention rate within a site.

Finding four - New skills

CLEAR allows participants to develop valuable new skills in a more productive way - 100% of survey respondents said the CLEAR programme was a more efficient way of learning and practising skills than alternative training.

Finding one Implementation

CLEAR recommendations are more likely to be implemented compared to other complex healthcare interventions because of the levels of clinical engagement – and have a potential return on investment of up to £14 over 5 years for every £1 invested.

There are high rates of implementation failure for complex interventions in healthcare (30%-90%) with, on average, only 40% of interventions implemented.

93% of participants surveyed believed CLEAR project recommendations were more likely to be adopted compared to other methods. **86%** also agreed that CLEAR was a more effective way of delivering solutions to an organisation.

A sensitivity analysis, accounting for uncertainty in implementation, suggests the CLEAR methodology will lead to recommendations with a **60%+ implementation likelihood**.

Case studies suggest the Return on Investment (RoI) of CLEAR ranges from **£4.54 and £14.14** over 5 years for every £1 invested. This is based on the following assumptions:

- a conservative 60% chance of implementation through CLEAR
- alternative solutions have 40% chance of implementation of the same recommendation and
- cost efficiencies associated with CLEAR.

60+ implementation likelihood

Return on Investment

£4.54 - 14.14

Case study: Blackpool Teaching Hospitals NHS Foundation Trust

CLEAR recommended a frailty unit which was predicted to reduce admissions by 15-25%. This equated to potential cost savings of £1.2m-£2.1m per year if implemented (£1.64m average). Due to a higher implementation likelihood and lower cost of project delivery, CLEAR produces an additional benefit of £1.64m equating to a **14.14 RoI**.

Cost savings	5 year benefit
CLEAR	**£4.72m**
Alternative	**£3.08m**
Improvement	**£1.65m**

14.14 RoI

Case study: Calderdale and Huddersfield NHS Foundation Trust

The CLEAR project recommended changes to the Same Day Emergency Care Unit. This was predicted to reduce bed days by 889-1502, delivering cost savings of an average of £452k per year.

Assuming 60% implementation likelihood, CLEAR produces an additional benefit of £529.4k and an **RoI of 4.54.**

Cost savings	5 year benefit
CLEAR	**£1.37m**
Alternative	**£844.7k**
Improvement	**£529.4k**

4.54 RoI

Finding two Efficiency

CLEAR provides more cost-effective delivery of complex change programmes than the alternatives – resulting in a cost saving of £1.90 for every £1 spent regardless of implementation success or quality of recommendations.

The average **cost of completed CLEAR projects is £116k** which covers the cost of staff time, backfill and cost of the CLEAR team. In comparison a similar project delivered by external advisors would cost more than £220k (see table below).

This cost calculation is based on a comparison of the **same number of hours** but using consultancy rates aligned to G-Cloud and the Management Consultants Framework for complex projects*, which provides reduced rates for public sector, see table below. Initial findings suggest that spending £1 on a CLEAR project returned a **cost saving of up to £1.90** resulting solely from **more cost-effective insourcing**.

That means that even before recommendations from the CLEAR projects were implemented, there is a **return on investment of 90%** as a result of the recommendations having been generated in a more efficient way.

*CLEAR has been classified as a complex intervention by the independent health economists who undertook the analysis.

Cost saving

£1.90 per £1 spent

Cost efficiency ratio

1.9

	SFIA level (source 2)	Days	Costs*	
			Daily	**Total**
CLEAR Associate	3. Apply	82.5	£1,100	£108,900
CLEAR Supervisor	5. Ensure/ advise	31	£1,675	£37,800
CLEAR Clinical sponsor	6. Initiate/ influence	16.8	£1,875	£62,184
Collaboration time	5% of total time	6.5	£12,209	£14,651
Total cost external consultancy			£223,536	
Total cost CLEAR			£116,483	
Cost efficiency ratio			1.9	

Finding three Retention

CLEAR is estimated to have a positive impact on staff retention and wellbeing based on empirical models – the cost of a CLEAR project is covered if one medical consultant remains in post for a year or there is 1% improvement in the annual staff retention rate within a site.

The model of workplace health and wellbeing (see diagram below) provides an empirical framework for identifying factors that determine intention to stay (source 3 and 4). This is determined by calculating how exhausting it is to perform a given job (demands), and the resources available to perform the job. This balance strongly influences an employee's intention to stay in a given job.

CLEAR directly impacts the balance between job demand and job resource by empowering staff, providing more autonomy in organisational changes and provides development opportunities.

CLEAR has the potential to significantly reduce job demands through more efficient processes. This would reduce workload and projects are more likely to be implemented through being clinically-owned.

This would all feed into a greater intention to stay for those in NHS organisations which have taken part in a CLEAR project.

Improved retention with a payback period of

1 year for 1 senior clinician

* Assumes the fully loaded average cost of a medical consultant is £125k pa

Model of workforce and wellbeing

Increases in work demands lead to exhaustion, worse performance, burnout and lower intention to remain. Increases in resources, such as support from colleagues, encourages individuals to go above and beyond. Lack of resources leads to reduced motivation and withdrawal from work.

Job demands ⇄ **Job resources**

Exhaustion   **Engagement**

Intention to stay
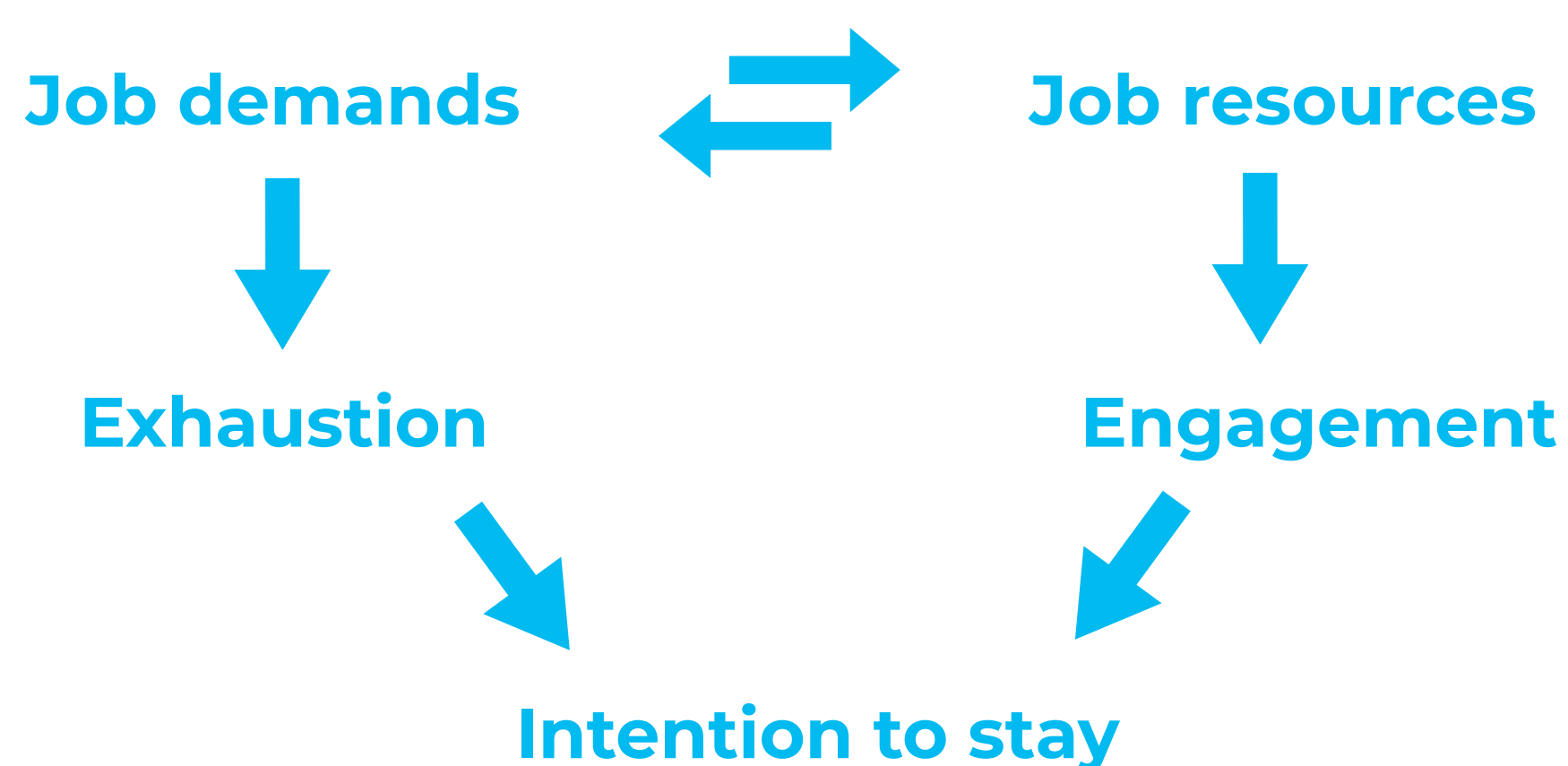
Case study: Blackpool Teaching Hospitals

The cost of CLEAR is covered if one senior clinician remains in post for one extra year. An improvement in retention of, as little as, 1% of staff in a given site will cover the cost of a CLEAR project.

Turnover intention (NHS Staff Survey 2020)	**25%**
Value of labour at risk in Blackpool	**£2.7m**
Cost to backfill using agency	**£19,414**
Total cost of attrition	**£116.4**
Cost of one CLEAR project	**£116.4**
Retention improvement required to cover costs	**1%**

Finding four New skills

CLEAR allows participants to develop valuable new skills in a more productive way - 100% of survey respondents said the CLEAR programme was a more efficient way of learning and practising skills than alternative training.

A survey was conducted with past participants of CLEAR to understand how their skills have developed as a result of the programme.

They identified a range of benefits from taking part:

1. CLEAR has allowed Fellows to gain and practice new skills and knowledge 100% of survey respondents indicated that CLEAR provided a more efficient way of learning and practising skills (compared to other training on effecting complex change). Opportunities to develop data skills and speak with managers and directors within their Trust were new and empowering.

2. The CLEAR methodology is more relevant to the needs and realities of NHS organisations 100% of survey respondents indicated that the CLEAR programme is more relevant to their role and the challenges their team or department face. The use of data helped clinicians within the department build a shared understanding of the problems they faced.

3. CLEAR contributes to career progression 62.5% indicated that the learning and development activities they completed as part of CLEAR helped identify and improve their chances of career progression. Participants also felt more likely to put together a business case to make the progression happen.

Improvement techniques and skills

62%+ of staff said CLEAR helped improve their chances of career progression

"I have learnt many new skills such as being able to visualise and interpret data and how to apply data to clinical settings to explain the challenges we face, all of which are transferable to my clinical work."
CLEAR Fellow

More information

We always like to hear from you

If you have any questions about **The value of CLEAR: A formative health economic evaluation of the National CLEAR Programme** and the impact methodology involved, or would like to discuss what CLEAR can do for your organisation or system, please contact a member of the CLEAR team.

clearprogramme.org.uk

clear.team@hee.nhs.uk

Source 1:
https://www.health.org.uk/sites/default/files/QualityImprovementMadeSimple.pdf
Source 2:
Agenda for change - Gross costs | Administration and support services | Imperial College London [Internet]. [cited 2021 Jul 29]. Available from:
https://www.imperial.ac.uk/human-resources/pay-and-pensions/salaries/agenda-for-change---gross-costs/
Source 3:
Demerouti, E., Bakker, A. B., Nachreiner, F., & Schaufeli, W. B. (2001). The job demands-resources model of burnout. Journal of Applied Psychology, 86(3), 499–512.
https://doi.org/10.1037/0021-9010.86.3.499
Source 4:
Health Care Management Review: April/June 2012 - Volume 37 - Issue 2 - p 175-186 doi: 10.1097/HMR.0b013e31822aa456

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