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**CONFERENCE ABSTRACT****Process evaluation of the national clinical care programmes in Ireland**17<sup>th</sup> International Conference on Integrated Care, Dublin, 08-10 May 2017

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**Introduction:** Integrated networks of clinical leadership have been increasingly recognised as a strategy to improve patient care. Research has shown that these interventions can be effective vehicles for quality improvement through standardised patient care and also in improved patient outcomes. The aim of the current research is to determine whether a subset of the National Clinical Care Programmes (NCCPs) in Ireland have been implemented as intended. This study will also identify barriers and facilitators to implementation of the NCCPs.

**Theory/methods:** A process evaluation of a complex intervention as per the UK Medical Research Council (MRC) guidance. A total of 31 key stakeholders will be interviewed via semi-structured interviews. Participants will include a patient representative, clinical leads, and health system managers from a subset of 7 NCCPs, ranging from acute to chronic care, and at different stages of implementation.

**Results:** One of the distinctive features of the NCCPs is that they encompass a whole range of factors from inner local/organisational factors to outer national/regulatory factors. Respondents will identify a number of essential factors underpinning successful and sustainable implementation of the NCCPs. These topics will include innovation, individual professional, patient, social context, organisational health system context and economic and social context. Drivers and barriers for implementation will be identified. Integrated care mechanisms such as the delivery system/governance design, decision support availability, clinical information system readiness and community context will be identified.

**Discussions:** This study will provide evidence as to the extent to which the NCCPs are working and have been implemented as designed. It will also provide insights into the barriers and facilitators to implementation from the stakeholders' perspectives. Our findings will provide policy-makers and service providers with insight into how to successfully plan, implement and support NCCPs and integrated care by ensuring strong leadership, localised decision-making authority, adequate resourcing, and legislation for the clinical care programmes' operation in healthcare systems across the HSE and nationally. This will provide learning for other countries' health systems.

**Conclusions:** An understanding of the translation of policies and strategies that underpin the NCCPs and whether these have been fully implemented as intended will be forthcoming. Large

scale system change such as NCCPs and integrated care efforts could achieve increased efficiencies and improved care for patients. The MRC guidance is a useful framework to evaluate a system wide intervention which comprises multiple interacting components and dimensions of complexity including the difficulty of their implementation and the number of organisational levels they target.

**Lessons learned:** Evidence will show whether the NCCPs have been adequately supported in order to achieve full implementation. Specific infrastructure required to measure all stages of patients' pathways are fundamental to successful healthcare delivery.

**Limitations:** The NCCPs involved in this study (N=7) were a subset of the total number that exist (N=31). However, this is sufficient for an in-depth qualitative process evaluation.

**Suggestions for future research:** Future research should track ongoing implementation of the NCCPs through a combination of qualitative processes and quantitative outcomes.

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**Keywords:** national clinical care programmes; implementation; process evaluation

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