

# Optimising your commissioning: An introduction to the Logic Model and writing outcome statements

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# Logic Model

- Internationally recognised approach to outcomes – several versions/interpretations.
- Spells out what the intended outcomes are.
- Can be used at each stage of a pathway.

# Logic Model

- Intervention stage linked with quality, standards, EBP etc and drives the outcome
- Helps to clearly understand the relationship between outputs and outcomes.
- Can be used for service evaluation.

# Developing Outcomes – A ‘logic’ approach

## Impact

Long term effects that occur from the achievements of the outcomes, e.g. broadly stated goals. What you expect to happen long after the intervention has finished

## Outcome

An outcome is a **predicted measure** of change that demonstrates a **valid and significant therapeutic impact** following an agreed **intervention**

## Outputs

End of the intervention (i.e. number of people completed an intervention – Evidence of service delivery).  
**Define completion!**

## Intervention

Action taken to prevent/improve a medical disorder based on EB literature, standards & guidance documents  
Describes what a quality service should look like

## Inputs

**Appropriate Patients/Clients:**  
(i.e. Inclusion/Exclusion Criteria & Referral Guidance)

# A 'logic' approach to breastfeeding

## Impact

Reduction in Childhood obesity, atopy, infant mortality.  
Mother – reduced incidence of Breast Ca,  
Hip # & some forms ovarian Ca

## Outcome

Increase of 2% in breastfeeding rates at initiation  
and 6 – 8 weeks,  
A reduction in GI & Respiratory infections

## Outputs

Number of women who are breastfeeding  
at initiation and 6 to 8 weeks

## Intervention

Peer to Peer Breastfeeding support service,  
Family nurse partnership, UNICEF Baby friendly initiative

## Inputs

All pregnant women before 34 weeks  
to enable informed choice.

# A 'logic' approach to Pulmonary rehab

## Impact

PCT wide reduction in GP attendances (20% - Kings Fund) & hospital admissions  
- Sustained > 12 months post programme

## Outcome

Increase of 20% in function (SWT/6MWT), achieve a minimum of 1 patient set goal, Improvement in HAD score by 'X' points, Improvement in understanding COPD (baseline BKCQ)

## Outputs

Number of patients with COPD completing PR programme (approx 70%) – (define completion!)

## Intervention

Pulmonary rehab programme based on CSP standards  
Focus on - Assessment of function (SWT/6MWT), patient set goals, Education (BKCQ), support to improve HAD score

## Inputs

Patients with COPD.  
Exclusion criteria – unstable CVD, recent MI/AECOPD, Compliance issues etc

# A 'logic' approach to Pulmonary rehab

## Outcomes

1. Increase of 20% in function (SWT/6MWT),
2. Achieve a minimum of 1 patient set goal,
3. Improvement in HAD score by 'X' points,
4. Improvement in understanding COPD (baseline BKCQ)

## Actual outcomes

**SWT – 35% increase** (at completion), **31% increase** (at 3 months) **89% of patients**

Set goals changed (by commissioner) to achieve 3 goals (staggered)

**HAD (A) – 16.5% increase** (at completion), **22.4% increase** (at 3 months)

**HAD (D) – 17.7% increase** (at completion), **23.5% increase** (at 3 months)

**BKCQ – 78.9% increase in knowledge (community)**

**BKCQ – 55.6 % increase in knowledge (hospital)**

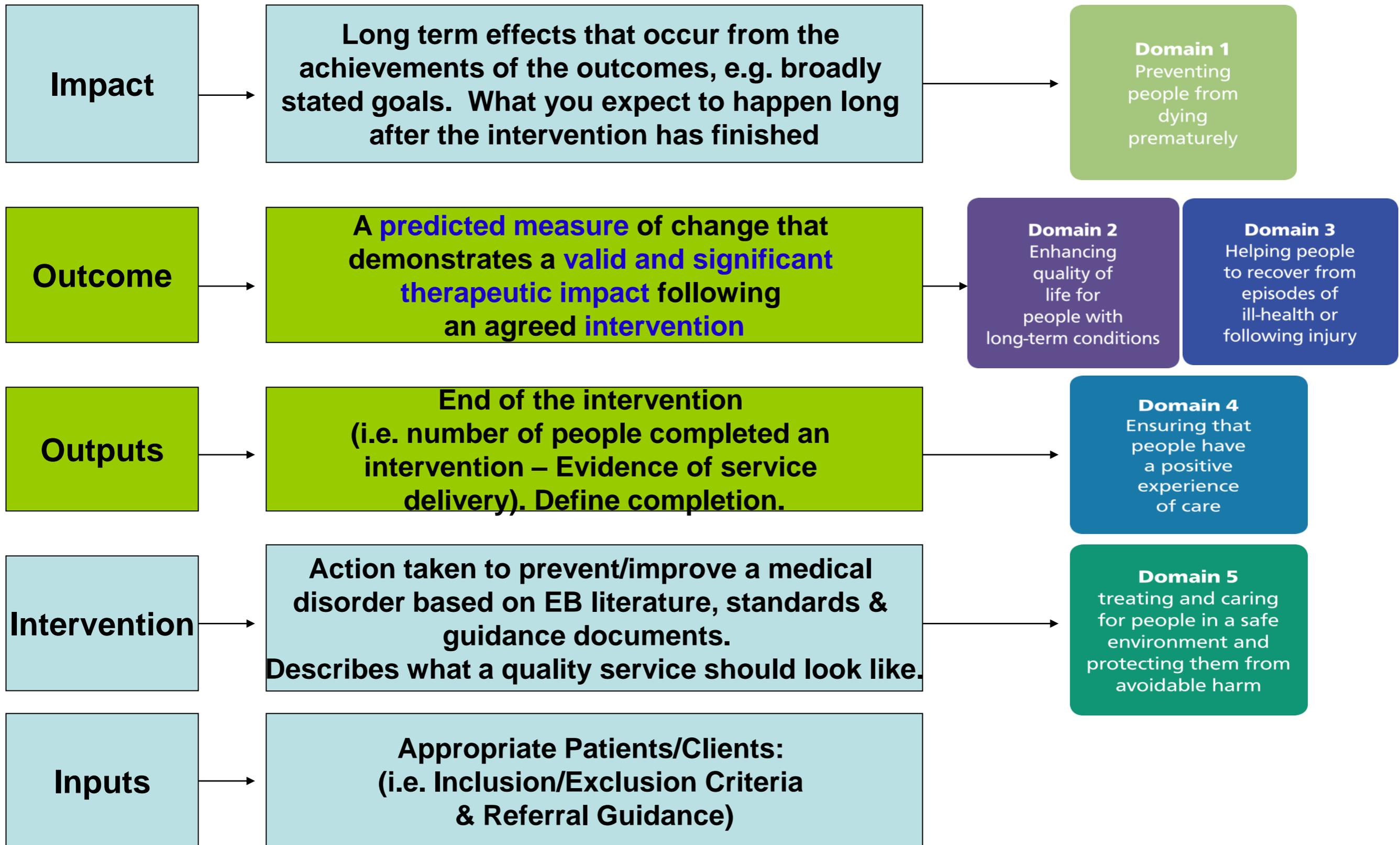
Also improvements in MRC by **26.3%**

**Inputs**

**Exclusion criteria – unstable CVD, recent MI/AECOPD,  
Compliance issues etc**

\* 09/10 data

# The logic model & the NHS outcomes framework



# Care Bundles

- Consider using evidence-based care bundles when thinking about outcome measures!
- The theory behind care bundles is that when several evidence-based interventions are grouped together and applied in a single 'protocol', it will improve patient outcomes.<sup>1</sup>

1. Fulbrook, P and Mooney, S (2003) Care Bundles in Critical Care: a practical approach to evidence based practice. Nursing in Critical Care Vol 8 no 6.

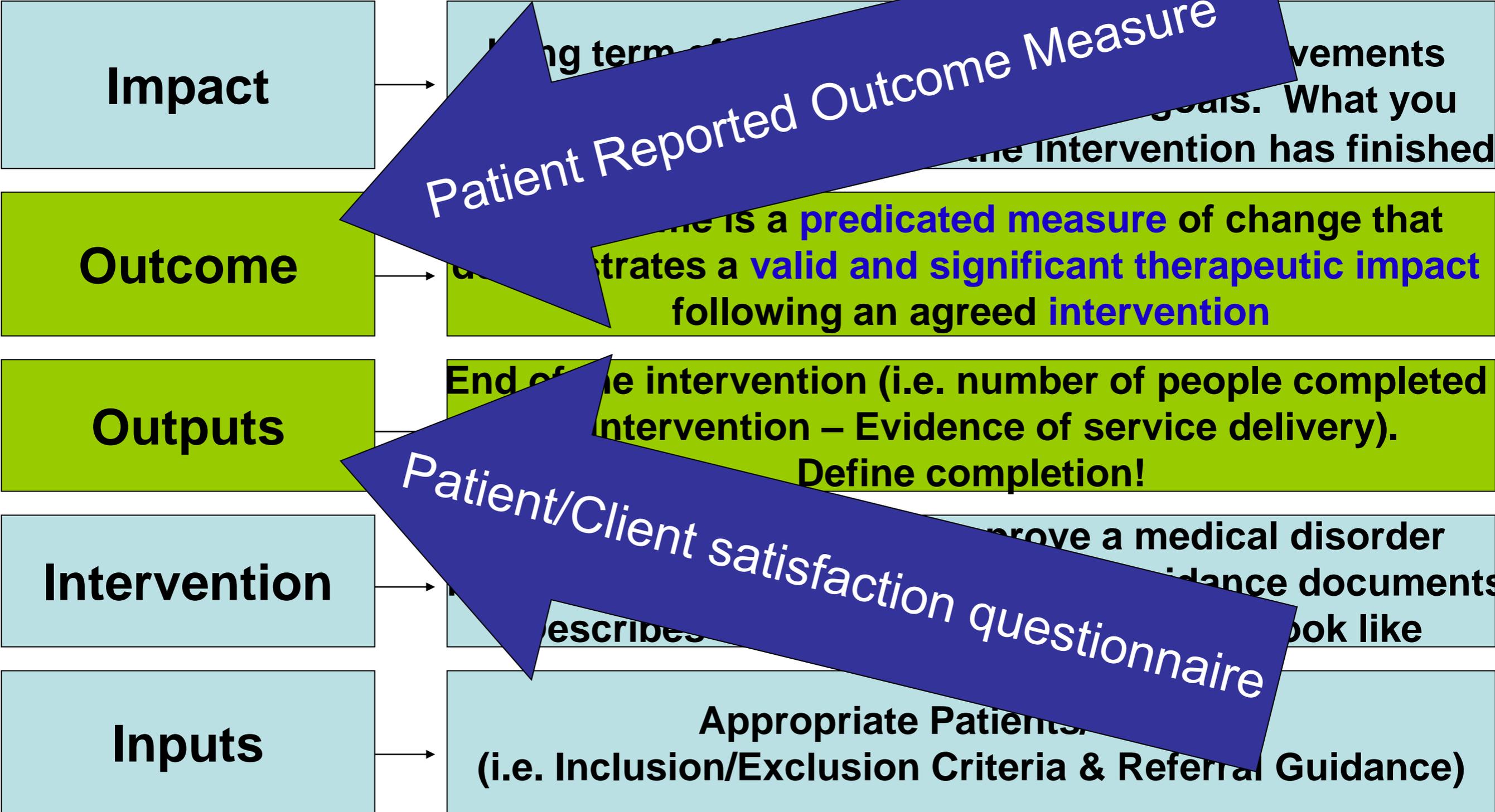
# Patient satisfaction & outcomes

- “Focusing on clinical outcomes is important but people need to have the best possible experience of services whatever the outcome”

# Patient satisfaction & outcomes

- **The effectiveness of GP consortia on health outcomes should be measured by using patient satisfaction**
  - Claire Saul and Alex McGlaughlin '*Keep up the world class commitment*' HSJ (pg 20-21, 23rd September 2010)
- **Using satisfaction to measure outcomes is flawed**
  - Mark Goldman '*Process versus Outcome*' HSJ (Pg 12, 23rd September 2010)

# Developing Outcomes – A ‘logic’ approach



# Definition

‘An outcome is a **predicted measure** of change that demonstrates a **valid and significant therapeutic impact** following an agreed **intervention**’.

- Interventions should be evidence based or relate to specific patient/client aims.
- Measures should be reliable, valid, responsive and time-bound.

# When thinking about how to measure an outcome

## Ask Yourself:

- What should be measured?
  - How should it be measured?
  - When should it be measured? And
  - What do we expect to happen?
- 
- What are the most powerful measures to detect a [clinically] significant change and are these a measure of therapeutic impact?

# A good outcome statement should contain 4 elements:

- 1) **What should be measured?**  
Description of the intervention (exercise capacity)
- 2) **How should it be measured?**  
An appropriate validated measure (6MWT)
- 3) **When should it be measured?**  
(Time bound – at week one and week eight)
- 4) **What do we expect to happen?**  
An appropriate predictive measurement of change (i.e. a 10% increase)

When should it be measured?

What should be measured (exercise capacity)?

By the end of the 8 week cardiac rehabilitation programme we expect to see an improvement in the six minute walk test of 10%

How should it be measured?

What do we expect to happen?

