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Person-centred intelligence: Selecting the right measure

The Strategy Unit and Ipsos MORI



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About this guide

- This guide forms part of The Strategy Unit and Ipsos MORI's series about person-centred intelligence.
- It outlines a suggested approach to choosing measures and describes some of the measures that matter to patients, carers and staff. It also lists a range of resources that can be drawn on to support the selection of measures.
- Having worked through this guide, readers should have an improved understanding of the potential options available when choosing a measure and have a clear idea of where they might begin their search.

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Choosing a measure



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Choosing a measure

- **Before beginning to consider choice of measures, you must have already considered your underlying purpose** (see our 'person-centred measures' guide for a list of common uses).

"There is no right or wrong way to measure person-centred care and it is not possible to define what makes a good measure until there is some clarity about what teams are trying to achieve. The important point is that this issue is more complex than simply attempting to choose a single tool or measurement approach." (de Silva, 2014)

- You will also need to have **defined your population** – segmenting it into groups of people with similar needs and priorities. For example, older people, people with long term conditions, people with mental health conditions. Different sets of people have different needs, therefore segmenting the population into similar groups will produce more meaningful and actionable data.
- Once the purpose has been established and the population specified, the outcomes/experiences of interest can be explored. **This is best done via codesign with stakeholders including patient, carers, and staff.** Not all existing person-centred measures have been designed with service user and/or carer involvement. Involving these groups helps to understand 'what matters' to them rather than 'what's the matter'.
- A core part of the co-design process should be the development of the theory of change. **This is often done via the use of logic models.** For further information on logic models see our [guide to using Logic Models](#).

['How to...understand and measure impact'](#) (developed to support evaluation of the Better Care Fund) provides several examples of approaches that can be used to engage citizens in the development of outcome measures, including focus groups, co-production techniques, surveys and workshops.

Involving stakeholders early in the process, defining outcomes and deciding how these are measured supports ownership, which is important to implementation (also explored in our 'person-centred measures' guide).

The following slides explore outcomes and experiences that matter to patients, carers and staff.

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What matters to people?



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What matters to people?

- **The central tenet of person-centred care is to start with what is important to the person** – asking ‘what matters to you?’
- **People will differ in what they consider important!**
 - When working at the individual level, measures can be adapted to suit the individual.
 - However, when using person-centred measures at the organisational or system level, consider the consensus on the most appropriate measures (e.g. the outcomes that have been found to matter most to patients with certain conditions). Consensus measures will not be perfect, but they should be selected with the aim of providing a pragmatic set of measures that enable consistent data collection.

“What matters is what gets measured. Person-centred care is not adequately measured. If it is to become mainstream practice, and be seen to be achieved, the current measures need to evolve. (National Voices, 2017)”

Outcomes people value

- The [International Consortium for Health Outcomes Measurement \(ICHOM\)](#) are developing standard sets of outcomes that matter most to patients.
- Each set is developed by a multidisciplinary group, of patient representatives, leading physicians and registry leaders to prioritize a core set of outcomes, which take into consideration outcomes from different treatments.
- Outcomes span physical (e.g. pain), Mental (e.g. depression) and Social (e.g. loneliness) outcomes.

Examples of patient outcomes include:

Diabetes



- Psychological well-being - Evaluated via WHO-5
- Diabetes distress - Evaluated via PAID
- Depression - Evaluated via PHQ-9

Older people



- Loneliness and isolation - Tracked via the UCLA 3-item Loneliness Scale
- Activities of daily living - Tracked via the SF-36
- Pain - Tracked via the SF-36
- Mood and emotional health - Tracked via the SF-36
- Autonomy and control - Tracked via the Adult Social Care Outcomes Toolkit
- Carer burden - Tracked by the Zarit Burden Interview 4-item screening questionnaire

Hip and Knee Osteoarthritis



- Hip and Knee Pain - Recommended to track via the Numeric Pain Rating Scale
- Physical Functioning - Recommended to track via the Knee Injury and Osteoarthritis Outcome Score - Physical Function Short-form (KOOS-PS) and the Hip Disability and Osteoarthritis Outcome Score - Physical Function Short-form (HOOS-PS)
- Work Status
- Health-related quality of life - Recommended to track via the EQ-5D-3L or the SF-12.
- Overall satisfaction with result

Heart Failure



- Symptom control (Includes dyspnoea, fatigue and tiredness, disturbed sleep, and peripheral oedema)
- Activities of daily living (Includes health-related quality of life, maximum physical exertion.)
- Independence
- Psychosocial health (Includes depression and anxiety, confidence and self-esteem).

Experiences people value

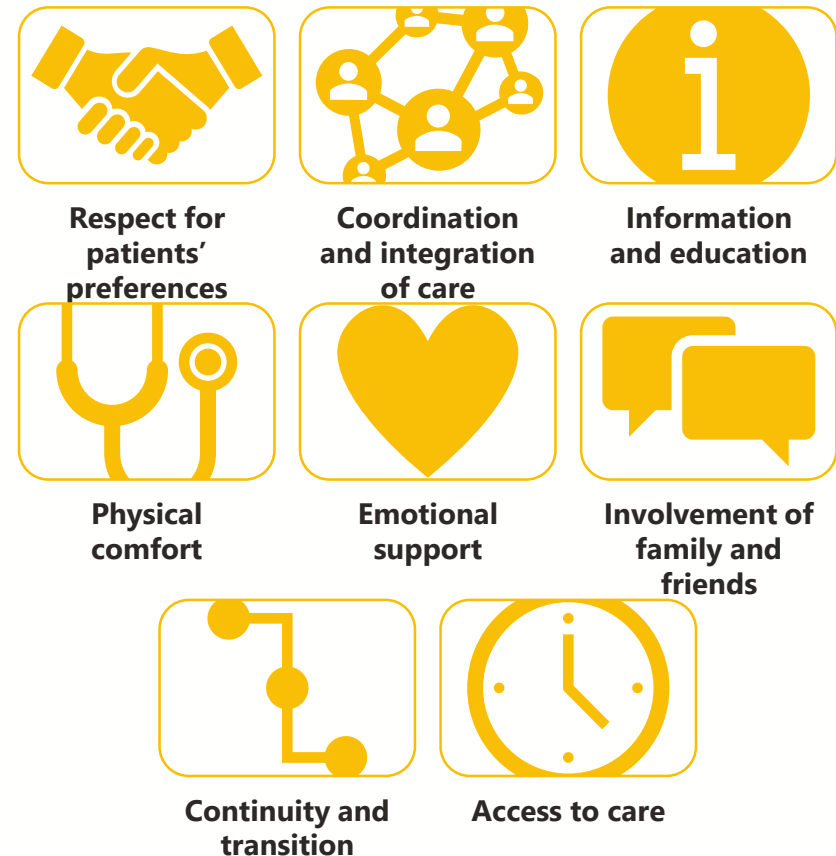
Experiences people value can be divided into:

- **'Relational' aspects** (e.g. dignity, empathy, emotional support) of care, alongside
- **'Functional' aspects** (e.g. access, waiting, food, noise).

The NICE [Quality Standard for Patient experience in adult NHS services](#) covers relational aspects:



The Picker Institute and The Commonwealth Fund have developed [eight principles of patient-centred care](#) that cover relational and functional aspects:



The [NHS Patient Experience Framework](#) adopts these principles.

What matters to carers?

Carers care about many of the same things that patients do, but they also have their own needs and preferences... (Ellins et al., 2016). These include:

Outcomes

- **Individual quality of life and wellbeing** – physical and mental/emotional.
- **Ability to maintain their own life** – activities (e.g. employment, education, leisure), relationships (family, friends, community) and time alone.
- **Ability to maintain employment**, linked to concerns over financial burden of caring.
- **Service-related outcomes:**
 - Quality, quantity and flexibility of support; the right care, information and advice available at the right time for them and the person they care for, during and after the caring period has ended.
 - Ease of access to the right information to help them be confident in their role as carer.

Experiences

- **Practitioner skill:** being given the right information in the right way. Practitioners support the person they care for in the same way.
- **Interpersonal:** being treated with respect and dignity, and made to feel their role is important.
- **Collaboration:** recognition of their role as carer from practitioners; being treated as a partner.
- **Coordinated care:** services are connected so they do not have to repeat their story.
- **Environment:** their housing is suitable for the needs of the person they care for.
- **Social factors:** they are linked by practitioners to support groups or local services that can help.

What matters to staff?

Staff experience measures typically cover areas such as:



Burnout and stress



Health and wellbeing



Job satisfaction



Organisational culture



Team working



Staff engagement

Example measures include:

Staff howRwe

Staff howRwe is a short generic staff reported experience measure, which measures staff perceptions of the care and service provided. It is suitable for all types of patient and care setting.

Work Wellbeing

Work Wellbeing Score (WWS) measures staff wellbeing in terms of job satisfaction, worthwhileness, happiness and anxiety. WWS is based on ONS4 personal wellbeing questions.

Job Confidence

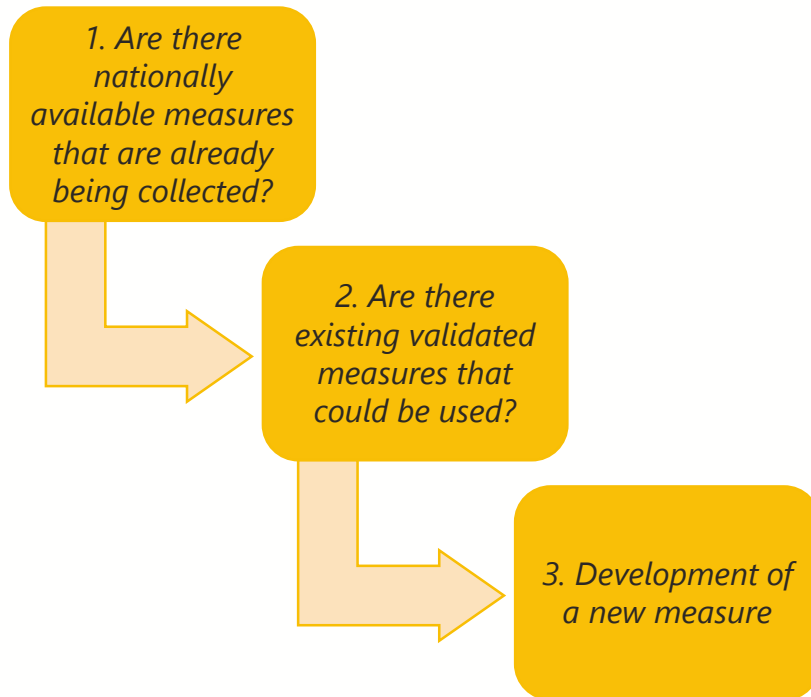
Job Confidence Score (JCS) is a short measure of staff's confidence to do their job, addressing knowledge, self-management, access to help and involvement in decisions.

Service Integration (Staff)

Better care integration is essential to improve the efficiency and effectiveness of new models of care.

A hierarchy for selecting person-centred measures

When selecting measures, we suggest using the following hierarchy:



- **As you move through this hierarchy of measures, the resource implications increase significantly.**
- It is therefore important to consider at each stage **is the measure 'good enough' or is additional resource necessary.**
- The **development of a new tool should be considered as a last resort** after careful consideration of existing available measures and validated surveys.

- **Existing measures will likely have been set up to collect data for an alternative purpose to yours** – thus there may be limitations to their use. There are further limitations which should be considered (outlined overleaf). Most nationally available measures are limited to experience measures.
- **The development of a new tool creates the problem of an extended time lag** before data is available for comparative purposes. If developing a new outcome measure, it can be productive to collaborate with other commissioning groups that share similar characteristics, enabling mutual benchmarking comparisons.
- **Measures may need to evolve**, so the development of any new measure would need to consider whether the measure will stand the test of time.

Limitations of using nationally available measures

Other potential limitations of using nationally available measures include:

Meeting local data requirements	<p>Existing measures will have been aggregated based on agreed rules, which may not match with local requirements.</p> <p>For example, the quality and outcomes framework (QOF) collects 'Health related quality of life for people with long term conditions'. This data cannot be disaggregated for specific long-term conditions such as diabetes in the nationally available datasets. Therefore if data for specific long-term conditions is needed, an alternative data collection may be required.</p>
Timeliness of data	<p>National data collections are often collected annually, which may not be frequent enough for your requirements. If the data collection period is appropriate, you should also consider the time lag between data collection and publication, as the publication date may be several months after the reporting period. If timely data is required, than an alternative data collection may be necessary.</p>
Incompleteness of data	<p>Many national surveys are distributed to only a sample of the population. Although this could be statistically significant, if completeness of the data collection is important, you must consider how representative the data is. If the data is not highly representative of your target population, an alternative data collection may be required.</p>
Unable to link data	<p>The aggregation of existing measures may mean it is not possible to link data to other datasets. If the linkage of datasets is required, you may need to consider an alternative data collection.</p>

The following slides list nationally available measures for patients, carers and staff.

Nationally available measures

Patients

Survey	Description	Topics	Useful for
Patient Reported Outcome Measures	Assessing the health gains via pre- and post-operative surveys measuring health-related quality of life, for hip replacements, and knee replacements. Ongoing survey published monthly and aggregated quarterly. High quality data collection. (N.B. Following a consultation in October 2017, PROMS for varicose veins and groin hernia surgery have been phased out).	Self-reported quality of life using EQ-5D.	Measuring patient reported outcomes for these two specific procedures, and monitoring at trust-level.
CQC National Patient Survey Programme	Surveys of patients for specific services, including adult inpatient services, maternity services, community mental health services, children and young people's inpatient and day case services, emergency department services. Results available at trust-level, including trends from previous years. High quality, representative survey.	Varies by survey but includes views of waiting times, experiences of the hospital or ward (e.g. cleanliness, noise, privacy), care received from healthcare professionals, communications and information received, discharge.	Trust-level measures of patient experience for specific settings.
GP Patient Survey	Annual survey of patients registered with a GP, delivering results at practice level. Results can also be aggregated to CCG level. High quality, representative survey.	Use of services including digital, making an appointment, views of the care received, rating of overall experience, general health and health conditions, ability and support in managing health, care planning, out of hours, dentistry.	Good coverage of patients within an ICS; can select and analyse patients from specific cohorts (for example, those taking five or more medications on a regular basis); based on GP patients, but includes questions on managing their own health or how supported they feel which can provide useful intelligence for an ICS as well as a practice.
National Cancer Patient Experience Survey	Annual national survey of patients diagnosed with cancer with results at trust-level. High quality, representative survey. Results are also aggregated to CCG and Cancer Alliance level.	Waiting times, experiences of diagnostic tests and being told what was wrong, choosing a treatment, care from a Clinical Nurse Specialist, support received, experience of operations and inpatient/outpatient/day patient care, home care and support, care from general practice and overall care.	Trust, CCG or Cancer Alliance level measures of patient experience for this specific cohort of patients.

Nationally available measures

Carers

Survey	Description	Topics	Useful for
Survey of Adult Carers in England	Bi-annual survey of carers aged 18 and over, conducted by local authorities.	Views of the support received from Social Services and other organisations, use of services, the impact of caring and quality of life, information and advice quality, involvement in discussions about the support or services provided to the person they care for.	Although the focus is on social services, questions about carers' quality of life and the impact of caring on them may be useful.

This survey has an option for additional questions: Councils can send any additional questions they wish to ask for review.

Staff

Survey	Description	Topics	Useful for
NHS England National Staff Survey Programme	Annual national survey of staff for organisations across the NHS. High quality, representative survey. Results available at organisation-level.	Overall views of job and job satisfaction including views of the quality of care; views of managers and health, well-being and safety at work; personal development; overall views of the organisation including priority given to patients/service users.	Organisations to measure staff experience, including some measures directly aimed at understanding perceptions of the care provided to patients (which may shift before results are seen in patient experience data).

This survey also has an option for additional questions: Participating organisations are also able to select from three additional question modules (patient experience, leadership and development, health and safety) and an optional, editable question on values.

Using existing validated measures...

If no existing data collection satisfies your requirements, consider drawing on an existing validated measure...

- There are thousands of validated tools available, so selecting an appropriate tool can be a difficult task!
- Consider co-producing the criteria for selection with representatives from your population and other stakeholders. Shortlisted measures should be tested to determine how suitable they are for your purposes. It is highly likely that trade-offs may will need to be made between different criteria.

[Work commissioned by the Strategy Unit in 2016](#), to support Dudley CCG's new models of care programme **identified several factors for consideration when selecting PROMs and PREMs:**

Meaningfulness	Captures things that are valued by people; ideally developed in collaboration with service users, carers and the public.
User-friendliness	Is an acceptable tool for people to complete, including language that is simple and easy to understand; length of the tool / time needed to complete.
Feasibility	The extent of effort, burden and disruption to care arising from use of an instrument; ease of analysis and interpretation.
Responsiveness	The ability of a tool to measure important change over time, where change has occurred.
Cost	Some tools are copyrighted and there may be a cost to use them and/or they require training to use.
Validity	Whether a tool measures what it intends to measure in the different settings in which it may be used.
Reliability	Whether a tool produces stable and consistent results over time.
Widespread usage	Widely used tools provide data that can be used for benchmarking; there is more likely to be learning about how to implement these tools effectively.

Using existing validated measures...

It is also important to build in review and monitoring of measures, as they are likely to require changes over time. For example, measures used to drive quality improvement are likely to require change once improvements have been demonstrated.

In the following slides, we highlight useful compendiums to help navigate the choices available. We also list some widely used measures for patients, carers and staff (license fees apply to some of these tools).



Compendiums

Measures for Person Centred Coordinated Care

About: Provides a full database of unselected/unsorted P3C measures that is fully searchable and filterable, as well as a “shortlists” database containing selected example measures in various categories of person centred coordinated care (p3c).

Topics: Categories started with ‘generic PC3’ measures, and are followed by different domains of person centred care, in categories that correspond to the National Voices “I” Statements. The shortlists also highlight some diseases-specific measures for a variety of Long Term Conditions (Diabetes, Cancer, Psychiatry, Stroke, Heart Failure, Parkinson’s, Older People, Dementia) and End of Life.

International Consortium for Health Outcomes Measurement (ICHOM)

About: The purpose is “to transform health care systems worldwide by measuring and reporting patient outcomes in a standardized way.” ICHOM organizes global teams of physician leaders, outcomes researchers and patient advocates to define Standard Sets of outcomes per medical condition.

Topics: The International Consortium for Health Outcomes Measurement (ICHOM) have to date published 28 Standard Sets (as of August 2019) covering different conditions and for specific patient populations. Each Standard Set of Outcome Measures is made up of a number of domains, each with a PROM for measurement, and a reference guide indicates time points for data collection and associated risk factors.

Patient-Reported Outcomes Measurement Information System (PROMIS)

About: Initiative led by the US National Institute for Health that aims to compile a core set of questions to assess the most common or salient dimensions of patient-relevant outcomes for the widest possible range of chronic disorders and diseases. The database can be filtered to find relevant measures.

Topics: The database contains self-reported and parent-reported measures of global, physical, mental, and social health for adults and children in the general population and those living with a chronic condition.

Patient-Reported Outcomes Measurement Group

About: The Patient-Reported Outcomes Measurement Group was developed as part of the National Centre for Health Outcomes Development (NCHOD). Based in the Health Services Research Unit, Nuffield Department of Population Health at the University of Oxford, the group has established a number of important resources focusing on Patient-Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs).

Topics: Reviews covers various long term conditions, cancers, elective procedures and a review on depression and anxiety.

Helping measure person-centred care

About: The Health Foundation evidence review ‘Helping measure person-centred care’ links to an accompanying spreadsheet that provides details of 160 of the most commonly researched person centred measurement tools. The list was created based on screening more than 200,000 studies published between 2000 and 2013. The spreadsheet allows users to search according to the type of tool, who it targets and the main contexts it has been tested in. Hyperlinks to the abstracts of examples of research using each tool are also provided.

Topics: Eight key categories are used to classify the measures: carer experience; communication; dignity/empathy; engagement; patient experience; person-centred care; self-management support; and shared decision making.

Care Coordination Atlas (CCA)

About: List of 80 measures. A Measure Mapping Table exists for each of the three care coordination perspectives—Patient/Family, Health Care Professional(s), and System Representative(s). Measures have been mapped to care coordination domains for three care coordination perspectives using measure numbers. Measures numbers can be looked up in the Index of Measures table. Each individual measure also has a mapping table and is followed by a measure profile designed to provide more detailed information on the measure’s purpose, format and data source, perspective, validation and testing, links to outcomes, applications, and key sources.

Topics: Care coordination domains includes care coordination activities (e.g. communication, care planning) and broad approaches to care coordination (e.g. teamwork).

Useful validated measures: Patient

Outcomes

Measure	Description	Domains covered	License fee
Short-Form 36 (SF-36)	<ul style="list-style-type: none"> A frequently used generic Quality of Life measure. Commonly used for quality-adjusted life year (QALY) calculations. Strengths include comprehensive coverage of general health and strong and well-studied psychometric properties. 36 items (short form 12) 	<ul style="list-style-type: none"> General health Physical health symptoms Physical health function Mental health Social health 	Free
EQ-5D	<ul style="list-style-type: none"> A quick generic health status measure that can be used for clinical and economic evaluation. Applicable to a wide range of health conditions and treatments 6 items 	<ul style="list-style-type: none"> General health Physical health symptoms Physical health function Mental health Social health 	Free
PROMIS-GHS	<ul style="list-style-type: none"> A recently developed Quality of Life measure. Developing evidence base is positive. 10 items 	<ul style="list-style-type: none"> Global physical health (overall physical health, physical function, pain, and fatigue) Global mental health (quality of life, mental health, satisfaction with social activities, and emotional problems) 	Free
Warwick and Edinburgh Mental Wellbeing Scale (WEMWBS)	<ul style="list-style-type: none"> Developed to enable the monitoring of mental wellbeing in the general population and the evaluation of projects, programmes and policies which aim to improve mental wellbeing. 14 items. A shortened version is also available 	<ul style="list-style-type: none"> Subjective wellbeing Psychological functioning 	Free
Investigating Choice Experiments Capability Measure for Adults (ICECAP-A)	<ul style="list-style-type: none"> Capability measure for the general adult population. Focuses on wellbeing defined in a broader sense and may therefore be a more appropriate measure for mental illness. It was developed in the UK. A specific version for older adults is also available 5 items 	<ul style="list-style-type: none"> Attachment (an ability to have love, friendship and support) Stability (an ability to feel settled and secure) Achievement (an ability to achieve and progress in life) Enjoyment (an ability to experience enjoyment and pleasure) Autonomy (an ability to be independent) 	Free
Patient Activation Measure	<ul style="list-style-type: none"> The PAM is a tool that measures how engaged a patient is in their healthcare by assessing their knowledge, skill and confidence for self-management. Unlike other measures of engagement, the PAM not only captures the patients beliefs about their ability to self-manage, but also the likelihood that they will act on these beliefs. See our 'Guide to patient activation' for further details. 22 items (short form 13) 	<ul style="list-style-type: none"> Patient activation Engagement Empowerment 	Fees apply

Useful validated measures: Patient

Experience

Measure	Description	Domains covered	License fee
CollaboRATE	<ul style="list-style-type: none"> CollaboRATE was designed to be a rapid means of measuring patients experiences of shared decision making. A generic measure intended to be used in research, as well as within all routine health care settings and for any type of condition. The tool was developed and piloted with end users. 3 items 	<ul style="list-style-type: none"> Goal setting Empowerment/activation Generic care planning Shared decision making Behaviour and communication skills Information sharing 	Free
Care Transitions Measure 15 (CTM-15)	<ul style="list-style-type: none"> Widely used measure of care transition quality. 15 items (short form 3) 	<ul style="list-style-type: none"> Communication (information transfer) Patient and caregiver preparation Self-management Empowerment 	Free
Patient Assessment of Care for Chronic Conditions (PACIC)	<ul style="list-style-type: none"> A well-established tool for measuring patient experience of chronic illness care and is applicable to many settings. Developed in the US, based on the Chronic Care Model (CCM). 20 items Also been modified in a version specifically designed for older populations: Patient assessment of integrated elderly care (PAIEC) 	<ul style="list-style-type: none"> Patient activation, Delivery system design and decision support Goal setting and tailoring Problem-solving and contextual counselling Follow-up care and coordination 	Free
Person centred coordinated experience questionnaire (P3C-EQ)	<ul style="list-style-type: none"> Formerly known as the modified long term conditions questionnaire Developed in 2015 Developed through extensive stakeholder engagement with patients, commissioners and practitioners who chose this measure to develop from a shortlist of identified measures. 11 items + a trigger question 	<ul style="list-style-type: none"> Goal setting Empowerment/activation Self-management Carer involvement Care planning Decision making Information and communication Knowledge of patient 	Free
IntegRATE	<ul style="list-style-type: none"> A brief and generic patient-reported measure of integration in health care delivery. 4 items 	<ul style="list-style-type: none"> Single point of contact Care coordination within teams Information sharing Knowledge of patient 	Free
The Consultation and Relational Empathy (CARE) Measure	<ul style="list-style-type: none"> Also known as the Patient Satisfaction Questionnaire (PSQ) It is based on a broad definition of empathy in context of a therapeutic relationship within the consultation. Developed by the Royal College of GPs for validation process of trainee GPs. 10 items 	<ul style="list-style-type: none"> Satisfaction with doctors, nurses, access, appointments, and facilities 	Free
Aetna-Picker-Nuffield tool	<ul style="list-style-type: none"> New tool that aims to capture the experience of older people with chronic conditions about how effectively their health and social care is coordinated. Tool has been piloted in England amongst a sample of recent service users of the age of 65 and above, with one or more chronic condition. Survey content largely based on the domains of the National Voices narrative. 46 items 	<ul style="list-style-type: none"> “Relational”, “informational” and “management” elements of care coordination Questions grouped around three core areas: Care in the home environment; Planned transitions in care; and Unplanned situations/emergency admissions to hospital. Not just experience questions. Inclusion of outcome-based questions focussing on exploring the respondent’s quality of life. 	The tool is still undergoing development, but is free to use by request from The Picker Institute.

Useful validated measures: Carers

Outcomes

Measure	Description	Domains covered	License fee
Adult Social Care Outcomes Toolkit (ASCOT) for Carers SCT4	<ul style="list-style-type: none"> Social care-related quality of life 7 items 	<ul style="list-style-type: none"> Control over daily life Occupation Social participation and involvement Personal safety (as a result of the caring role) Self-care Time and space to be yourself Feeling supported and encouraged 	Free
Carers STAR	<ul style="list-style-type: none"> The tool is designed to be completed in conversation with a practitioner and can be used as an assessment, review and measurement tool. 7 items 	<ul style="list-style-type: none"> Health The caring role Managing at home Time for yourself How you feel Finances Work 	Fees apply

Experience

Measure	Description	Domains covered	License fee
Carer Experience Scale (CES)	<ul style="list-style-type: none"> Care-related quality of life. Designed for use in economic evaluations, and is part of a suite of capability-based questionnaires that also includes ICECAP-A. 6 items 	<ul style="list-style-type: none"> Activities outside caring Support from families and friends Assistance from organisations and government (amount of) Fulfilment from caring Control over the caring Getting on with the person cared for 	Free

Useful validated measures: Staff

Measure	Description	Domains covered	License fee
R-outcomes: Work Wellbeing	<ul style="list-style-type: none"> • Work Wellbeing Score (WWS) measures staff wellbeing in terms of job satisfaction, worthwhileness, happiness and anxiety. WWS is based on ONS4 personal wellbeing questions. • These measures apply across all health and social care professional groups, and are irrespective of condition or type of care. • 4 items 	<ul style="list-style-type: none"> • Job satisfaction • Worthwhileness • Happiness • Anxiety 	Fees apply
R-outcomes: Job Confidence	<ul style="list-style-type: none"> • Job Confidence Score (JCS) is a short measure of staff's confidence to do their job, addressing knowledge, self-management, access to help and involvement in decisions. • These measures apply across all health and social care professional groups, and are irrespective of condition or type of care. • 4 items 	<ul style="list-style-type: none"> • Knowledge • Self-management • Access to help • Involvement in decisions 	Fees apply
Warr-Cook-Wall	<ul style="list-style-type: none"> • The scale measures satisfaction in aspects such as autonomy, hours of work, variety and responsibility. • Appropriate for clinical and non-clinical staff in general practice settings. • Developed in the UK. • 15 items, though often the scale is limited to 10 items to eliminate questions which are irrelevant to the target population. 	<ul style="list-style-type: none"> • Work involvement • Intrinsic job motivation • Higher order need strength • Perceived intrinsic job characteristics • Job satisfaction • Life satisfaction • Happiness • Self-rated anxiety 	https://bmcfampract.biomedcentral.com/track/pdf/10.1186/1471-2296-12-137

Useful validated measures: Staff

Experience

Measure	Description	Domains covered	License fee
R-outcomes: Staff howRwe	<ul style="list-style-type: none"> • Staff howRwe is a short generic staff reported experience measure, which measures staff perceptions of the care and service provided. It is suitable for all types of patient and care setting. • These measures apply across all health and social care professional groups, and are irrespective of condition or type of care. • 4 items 	<ul style="list-style-type: none"> • Kindness • Communication • Service organisation 	Fees apply
R-outcomes: Service Integration (Staff)	<ul style="list-style-type: none"> • Better care integration is essential to improve the efficiency and effectiveness of new models of care. • These measures apply across all health and social care professional groups, and are irrespective of condition or type of care. • 4 items 	<ul style="list-style-type: none"> • Service integration 	Fees apply
Person Centred Coordinated Care Practitioner Survey	<ul style="list-style-type: none"> • Modified from the Person Centred Health Care for Older Adults Survey • Measures individual and managerial experience of delivering Person-Centred Care • 29 items 	<ul style="list-style-type: none"> • Getting to know the individual • Finding out goals • Attitudes towards person-centred practice • Involvement in care planning • Meeting communication needs • Meeting practical needs • Co-ordinated contact • Supportive working environment 	Free

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Ready to move on?



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Selecting the right measure

- ✓ There is no single measurement that can be recommended – purpose will determine the most appropriate tool.
- ✓ The population should be segmented into groups of people with similar needs and priorities
- ✓ Outcomes should be explored through codesign with stakeholders including patients, carers, and staff, outlining the theory of change - captured through aids such as logic models.
- ✓ Avoid measuring everything – it's better to measure a few things well!
- ✓ Adopt a hierarchy *of selecting appropriate measures...* at each stage it is important to consider 'is the measure good enough?'
- ✓ Shortlisted measures should be tested to determine how suitable they are.
- ✓ Monitoring of measures for continuous improvement is essential.