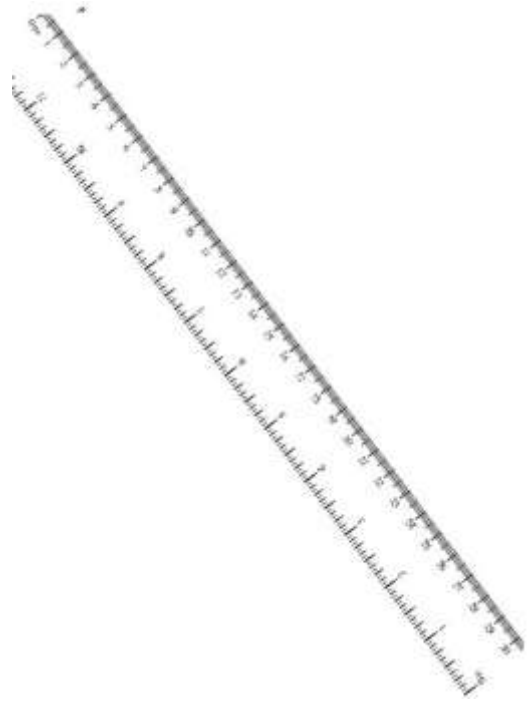




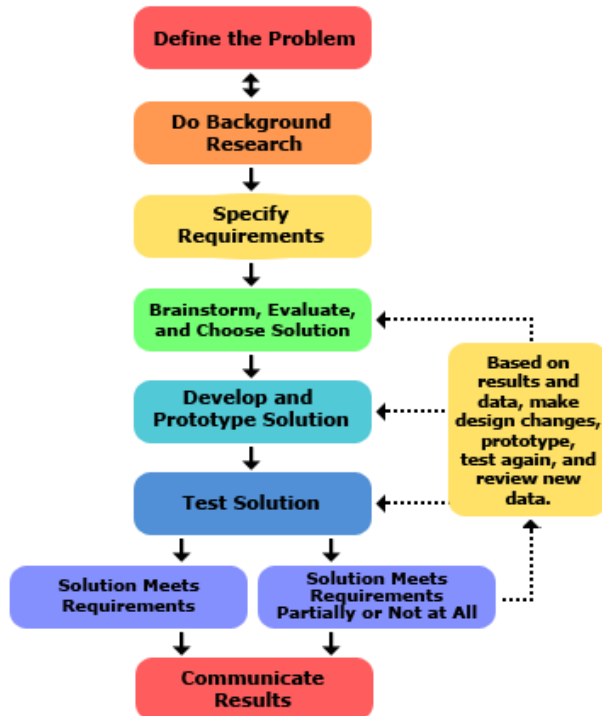
Learning from evidence to improve services in the real world

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Frequent view of evidence



...and of service design



But in reality...

What we are measuring is often like this...



...or this



...or this



FNP now

- Passionate, highly skilled, committed national workforce of 700+
- Delivered in over 100 areas
- High engagement with vulnerable families
- Continued commissioner commitment
- Experience of delivering an evidence-based programme at scale, nationally, with fidelity, over nearly 10 years
- Infrastructure and system to allow rapid feedback and development.

BUT: a perfect storm

- Funding cuts
- Shift to LA commissioning
- RCT findings.



First steps

- **Deepening our understanding about what the trial told us**
 - Deep dives into smoking and subsequent pregnancies
 - Reviewing data, focus groups with nurses and clients.

- **What stakeholders value 10 years on**
 - Local flex
 - Sharing learning
 - Relational working and client engagement
 - Key outcomes of interest.



The way forward

FNP Next Steps

Aims to improve impact, cost effectiveness, flexibility.

- Universal improvements – new eligibility criteria, new guidance and training
- Demonstrating local impact and quality improvement – local audit and impact tools, new dashboards to make data more accessible and usable
- Knowledge and Skills Exchange – four learning packages to enable family nurses to train other professionals in FNP knowledge and methods
- ADAPT (Accelerated Design and Programme Testing) working with 11 FNP sites to design, rapidly test and refine clinical changes and personalisation – increasing greater flexibility to the current FNP model

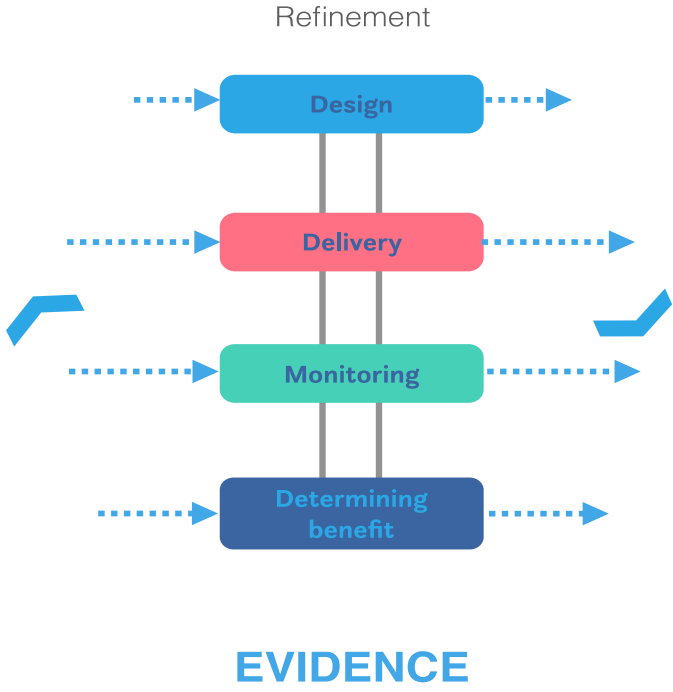


ADAPT

In consultation with users, experts, practitioners, managers and commissioners. And by drawing on published, high quality science and research.

Design materials, develop and deliver training, purchase equipment, map and develop new processes, model overall system flow.

Mixed methods approach, rapid and iterative. Examining acceptability, contextual factors, unintended consequences, process and outcomes.



Outputs
Logic model, innovation description, dark logic, context map.

Qualitative data on client and nurse experience, quantitative data on outcomes and process.

Rapid cycle innovation

Final thoughts on working with evidence

- Accept challenge and improve.
- Dig deeper, uncover more, iterate, embrace failure.
- Work WITH families, work WITH commissioners, work WITH practitioners to create and innovate together.

The stakes are too high to do anything else.

Thank you

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