



D8.1 White Paper on the issues of scaling up

WP8 Lessons learned and policy implications



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Executive Summary

The SCIROCCO project has focused on successful local interventions (good practices) that have demonstrated significant benefits to citizens, communities and service providers in creating a shift towards community-based, **integrated health and social care service models**.

The purpose of this White Paper is to present the **lessons learned and policy recommendations**, emerging from the SCIROCCO project, on how to address the issues of scaling-up. It builds on the experiences in **five European regions** (the Basque Country, Spain; Norrbotten, Sweden; Olomouc, Czech Republic; Puglia, Italy; and Scotland, United Kingdom) with the SCIROCCO tool, **facilitating knowledge-sharing in integrated care**.

It uses the outcomes of the project's Work Package 8 (WP8) **on lessons learned and policy recommendations**. This was work undertaken largely through the mechanism of focus groups, which took place during 2017-2018.

It describes the objectives, methodology, and results of the Work Package in detail.

The main observations and outcomes are laid out with regard to:

- The SCIROCCO process.
- The SCIROCCO tool.
- SCIROCCO tool to inform decision-making.
- Use of the SCIROCCO tool in the future.

SCIROCCO's lessons learned, findings, and conclusions, indicate that in Europe – and possibly more widely – stakeholders involved in the design and implementation of integrated care should:

- **Assess the capacity and readiness of European regions for integrated care**
“Get ready!”
- **Move towards faster adoption and scaling-up of good practices in integrated care**
“Speed up.”
- **Get hold of tools and methodologies to support the process of scaling-up**
“Use SCIROCCO.”
- **Improve informed decision-making on the local, national, and European levels**
“Build the evidence.”
- **Apply effective knowledge transfer i.e., through twinning and coaching**
“Learn from others.”
- **Co-design the future transformation of health and care systems**
“Work together.”

List of abbreviations

Acronym	Full name
AReSS	Agenzia Regionale Strategica per la Salute ed il Sociale (in English: Regional Strategic Agency for Health and Social Care)
Chafea	Consumers, Health, Agriculture and Food Agency
EIPonAHA	European Innovation Partnership on Active and Healthy Ageing
ICT	Information and communication technology
IT	Information technology
NHS 24	National Health Service 24
SCIROCCO	Scaling Integrated Care in Context
SCTT NHS 24	Scottish Centre for Telehealth and Telecare, National Health Service 24
TEC	Technology Enabled Care
WHO	World Health Organization
WP	Work Package

1. Introduction

1.1. Background

Integrated care is becoming an increasingly important field of activity in Europe. Integrated care is defined as:

“an approach to strengthen people-centred health systems through the promotion of the comprehensive delivery of quality services across the life-course, designed according to the multidimensional needs of the population and the individual and delivered by a coordinated multidisciplinary team of providers working across settings and levels of care.” (WHO, 2016)¹

In most European countries, the integrated care agenda is now a central element in the reform of health and care systems. Yet the delivery of integrated care is still proving to be challenging in many of the countries and their regions. Scaling-up of integrated care therefore continues to be one of the main priorities across Europe.

To pursue the aim of scaling-up of integrated care, in 2012 the European Commission set up the B3 Action Group on Integrated Care in the frame of the European Innovation Partnership for Active and Healthy Ageing (EIPonAHA). The main objective of this Action Group is to make progress on “replicating and tutoring integrated care for chronic diseases, including remote monitoring at regional level” (EIPonAHA²). Scaling-up in the context of the EIPonAHA is used primarily to describe the ambition or process of expanding the coverage of health interventions, but can also refer to increasing the financial, human and capital resources required to expand coverage³.

Implementing a complex innovation, which is the case with most good practices in the EIPonAHA, needs an organic evolution, as well as responsiveness and adaptability to the local health and social care system. It has to be driven by support from front-line staff and management. Scaling-up good practices requires changes in existing systems, which are not always easy to achieve. Therefore, it is vital to determine, and act on, precisely how to expand good practices in different contexts and regions and speed up adoption and the scaling-up of good practices in integrated care in Europe.

The SCIROCCO project⁴ (SCIROCCO) is aligned with the objectives of the EIPonAHA. It aims to provide a validated and tested tool that facilitates the successful scaling-up and transfer of good practices in integrated care across European regions. SCIROCCO focuses on successful local interventions that have demonstrated significant benefits to citizens,

¹ WHO. Strengthening people-centred health systems in the WHO European Region: Framework for action on integrated health services delivery. WHO Regional Office for Europe; 2016.

² European Innovation Partnership on Active and Healthy Ageing. Action Plan on “Replicating and tutoring integrated care for chronic diseases, including remote monitoring at regional levels”. EIPonAHA; 2012.

³ Mangham LJ, Hanson K. Scaling up in international health: what are the key issues? Health Policy Plan. 2010;25(2):85-96

⁴ In the Third Programme for the European Union's action in the field of Health (2014-2020), the European Commission launched several call for proposals for projects under the topic of Scaling-up Integrated Care. The SCIROCCO project (ref. 710033) was one of the proposals funded under the 2015 call, entitled: PJ-04-2015: Support for the implementation and scaling up of good practices in the areas of integrated care, frailty prevention, adherence to medical plans and age-friendly communities.

communities and service providers in a shift towards community-based, integrated health and social care service models.

1.2. Purpose of the document

The purpose of this White Paper is to present the lessons learned and policy recommendations on how to address the issues of scaling-up, using the experiences in five European regions with the SCIROCCO tool to facilitate knowledge-sharing and scaling-up of integrated care.

The White Paper presents the experiences of the regions using the SCIROCCO tool from a qualitative perspective. The five regions involved in the SCIROCCO project have used the SCIROCCO tool for the following three activities:

- The self-assessment of maturity of regional context for integrated care.
- The assessment of maturity requirements of good practices implemented in the regional context.
- The process of twinning and coaching among regions.

In the frame of Work Package 8 (WP8): *Lessons learned and policy implications*, focus groups were organised around each of these three activities, with the aim of capturing the experiences of the regions in using the SCIROCCO tool. The lessons learned from this analysis have fed directly into the refinement and further uses of the SCIROCCO tool.

In terms of its development and recommendations, therefore, this White Paper:

- Has been developed from the analysis of the opinions expressed in each set of focus groups conducted throughout the project.
- Provides policy recommendations on the SCIROCCO tool in the context of scaling-up integrated care in Europe.

1.3. Structure of the document

This *White Paper on the issues of scaling up* is organised in the following seven chapters:

- Chapter 1 provides an introduction to the deliverable.
- Chapter 2 presents the overall objectives of WP8.
- Chapter 3 describes the methodology used to address the WP8 objectives.
- Chapter 4 presents the results from the experiences of the regions in using the SCIROCCO tool.
- Chapter 5 discusses the lessons learned on the findings from the experiences of the regions in using the SCIROCCO tool.
- Chapter 6 offers some observations and concluding remarks about the lessons learned from WP8.
- Chapter 7 lays out a series of potential policy recommendations on the use of SCIROCCO tool, directly drawn from the lessons learned and from input from policy-makers.

2. Objectives

2.1. Specific objectives

The SCIROCCO project aims to provide a validated and tested tool that facilitates the successful scaling-up and transfer of good practices in integrated care across European regions. Among its specific objectives, SCIROCCO is intended to capture the lessons learned from twinning, coaching, and knowledge transfer activities. These learnings are designed to make a significant contribution to supporting the broader implementation and scaling-up of local integrated care interventions in Europe. WP8 on *lessons learned and policy implications* is responsible for these particular objectives of the project.

2.2. Sub-objectives of WP8

More specifically, the sub-objectives of WP8 are:

- To collect lessons learned on the process of knowledge transfer.
- To inform policy-makers about the potential of the SCIROCCO tool to facilitate scaling-up and exchange good practices about the provision of integrated care in Europe.
- To analyse the role of policy in facilitating knowledge transfer.
- To support the preparation of the exploitation phase of the SCIROCCO tool.

This White Paper focuses on reporting the collection of the lessons learned, discussing their implications, and transforming them into potential policy implications.

3. Methodology

WP8 has followed a qualitative approach to its work, based on focus groups. Focus groups are one of the most common methods used for gathering information on collective views, and the meanings that lie behind those views (Gill et al., 2008⁵), including their use in health and care-related settings. In SCIROCCO, focus groups were conducted with stakeholders from the five regions participating in the project (the Basque Country, Spain; Norrbotten, Sweden; Olomouc, Czech Republic; Puglia, Italy; and Scotland, United Kingdom). These focus groups enabled the capturing of experiences from the five regions in their use of the SCIROCCO tool.

The methodology used to collect lessons learned in WP8 was designed in three steps, following the three different stages of the project and uses of the SCIROCCO tool (the Tool):

3.1. The experience of regions using the SCIROCCO tool for the maturity assessment of local context for integrated care

First, focus group guidelines were designed in order to capture the experience on the self-assessment of the maturity of context of each of the five regions involved in the SCIROCCO project. To this end, a total of five focus groups were organised (one in each region) with the regional stakeholders involved in the self-assessment. All the five focus groups lasted around one hour. The key issues covered in the focus groups (see Annex 1), included questions related to:

- Experience of the maturity assessment of local context for integrated care using the SCIROCCO tool.
- Outcomes and impacts of the maturity assessment.
- Suggestions for enhancement of the SCIROCCO tool.
- Comparison of the Tool with other tools.

3.2. The experience of regions using the SCIROCCO tool for assessing maturity requirements of good practices

A set of questions was developed to capture the experience of regions with the SCIROCCO tool for assessing maturity requirements of good practices. These questions were intended to be embedded as part of the stakeholder workshop held in each region. However, some of the regions asked these questions as individual interviews to the stakeholders involved in the assessment of good practices using the SCIROCCO tool.

By “SCIROCCO tool” is understood the online implementation of the SCIROCCO Maturity Model – as refined by SCIROCCO. This means that practical contact with the SCIROCCO tool combines experience with the 12-dimensional model itself, its electronic version,

⁵ Gill, P., Stewart, K., Treasure, E. & Chadwick, B. (2008). Methods of data collection in qualitative research: interviews and focus groups, *British Dental Journal*, 204(6), 291-295.

and associated guidance/instructions.

These key questions on the experience of regions with the SCIROCCO tool for assessing maturity requirements of good practices (see Annex 2) included the following aspects:

- Training/introduction to the SCIROCCO tool and assessment process.
- SCIROCCO (online) questionnaire - ease of use.
- SCIROCCO (online) tool dimensions - ease of understanding.
- SCIROCCO (online) tool assessment scales - ease of understanding.
- Features of the good practice(s).
- Spider diagram(s) and its/their results.
- Insights.
- Overall usefulness of the SCIROCCO tool.
- Suggestions for the improvement of the Tool or the assessment process itself.

3.3. Capturing the experience of the regions on twinning and coaching

The third set of SCIROCCO focus groups was aimed at exploring how the regions involved in the SCIROCCO project experienced the twinning and coaching facilitated by the use of the SCIROCCO tool. The focus groups took place directly following the study visits in which the twinning and coaching was organised. At least two different regions participated in each of the focus group (they are called a receiving region⁶ and a transferring region⁷). Similarly to the first set of focus groups on the self-assessment process, the focus groups on twinning and coaching lasted around one hour. The key questions covered in the focus groups on twinning and coaching (see Annex 3) included questions related to:

- The background and rationale for twinning and coaching.
- The role of the SCIROCCO tool to facilitate twinning and coaching.
- Insights, outcomes and potential benefits of the twinning and coaching experience.
- Ways of enhancing, and difficulties with, twinning and coaching.
- Specific comments on the SCIROCCO tool.

⁶ The transferring region is a region/authority which has already made progress on implementing integrated care and which possesses essential know-how and good practice. This region/authority acts as the “coaching” partner in the knowledge transfer activities.

⁷ The receiving region is a region/authority which is ready to embark on the transition to integrated care and is seeking support and know-how in order to deploy a particular good practice and/or improve a specific aspect of integrated care. This region/authority acts as the “learning” partner in the knowledge transfer activities.

4. Results

The main findings from each set of focus groups are structured around the following key elements:

- Profiles of the stakeholders involved.
- Use of the SCIROCCO tool, including its potential enhancement.
- Future use of the Tool.

4.1 Using the SCIROCCO tool for the maturity assessment of local context

The following table presents the profile of stakeholders who participated at the focus group meetings related to the maturity assessment of local context for integrated care.

Table 1. Profile of stakeholders

Region	Date	N° of participants	Participants' profile
Norrbotten, Sweden	23/08/17	4 participants	A business developer; an associate professor in knowledge management; a project manager; and a project leader.
Puglia, Italy	02/10/17	9 participants	People representing different dimensions of the regional healthcare system: Macro ⁸ (Managers of the Regional Health Programme, Social Programme, eHealth System, Research/Investment funds); Meso (Health Manager at local healthcare authority; Director of the Technological Cluster); Micro (General Practitioners, Citizens Representative, Researcher).
Basque Country, Spain	03/10/17	9 participants	Nurses and physicians (hospital and primary care); coordinators and managers from different health services; directors from different health services.
Scotland, United Kingdom	26/10/17	6 participants	Directors from different services e.g., leads of the national digital health team and national clinical team; development officer of a national voluntary sector service; Chief Executive Officer and Chair of a national innovation centre and the health and care national services.
Olomouc, Czech Republic	23/11/17	1 attendee	Region's regional coordinator. ⁹

⁸ The Puglia Region uses the expression, macro, meso, and micro, to describe the various dimensions of its regional health care programme.

⁹ The person interviewed was provided with the relevant information collected at a consensus meeting held with the stakeholders on 23 November 2017.

4.1.1 Findings

A matrix was designed to enable the analysis of focus group outcomes (see Annex 4). From the analysis of this matrix, several general findings emerged.

Experience of the maturity assessment of local context using the SCIROCCO tool

Regarding the use of the SCIROCCO tool, the stakeholders with experience of using the Tool for the local self-assessment processes agreed that it is easy to use and it covers all the relevant dimensions of integrated care.

In terms of the outcomes and impacts of the maturity assessment, the focus groups' participants highlighted that the Tool enables dialogue and discussion. Concretely, the participants expressed the view that the SCIROCCO tool:

- Is good at enabling consensus-building.
- Enables the expression of different points of view, which give a broader perspective.
- Is useful at driving forward discussions during brainstorming sessions.

Outcomes and impacts of the maturity assessment of local context

With regard to the outcomes of the maturity assessments, focus group discussions emphasised that the Tool generates knowledge on the healthcare system because it:

- Helps people to reflect on the strengths and weaknesses of the regional healthcare system.
- Helps people to gain an overview of the maturity of the healthcare system.

Focus group participants also reflected on the wider implications of the Tool, indicating that it:

- Helps to indicate which dimensions of integrated care are improving or worsening over time in terms of their scoring.
- Can be used in a great diversity of organisations, at different organisational and system levels, and with different stakeholders.
- Presents good arguments to managers about the rationale(s) underpinning certain initiatives.
- Is very useful in terms of determining areas of policy-making.

Suggestions for enhancement of the SCIROCCO tool

Participants were also asked to suggest potential enhancements of the Tool. They responded that the Tool could be enhanced by:

- Its greater availability in local languages.
- The refinement of its quantitative measurement(s).
- The clarification of the meaning of the dimension entitled “Breadth of Ambition”¹⁰.

Comparison of SCIROCCO tool with other tools

Finally, focus group participants compared the SCIROCCO tool with other tools. Other tools that they mentioned and which are used in the various regions were: the D'Amour

¹⁰ This dimension is one of 12 dimensions on which the SCIROCCO tool is based.

survey¹¹; European Network for Health Technology Assessment (EuneHTA) tools¹²; HIMSS electronic medical record adoption model (EMRAM) tool¹³; Instrumento de Evaluación de Modelos de Atención ante la Cronicidad (IEMAC)¹⁴; Model for Assessment of Telemedicine (MAST)¹⁵; and Normalisation Process Theory¹⁶. However, participants pointed out that there were differences between these tools and the SCIROCCO tool. Some of these tools measure aspects that are different from those in the SCIROCCO tool, some of them are more complex to use, and some need specific skills on the part of the people using them in order to be applied (examples include econometric, mathematical or statistical skills).

The participants agreed that, in comparison to these other tools, the SCIROCCO tool:

- Is complementary to the other six tools mentioned.
- Offers a more “global” assessment of the whole situation (i.e., the “context”).
- Offers a novel, graphic representation of the outcomes of its analysis.

4.1.2 Impacts

The outcomes of the focus group discussions fed into the further improvement of the SCIROCCO tool during the project itself. As a result of the suggestions for potential enhancements made in this first set of focus groups, a considerable number of improvements were made:

- The text of the SCIROCCO tool was translated into the languages of the regions participating in the SCIROCCO project, namely Czech, Italian, and Spanish.
- The quantitative measurement(s), i.e., dimensions and rankings, were refined.
- The dimensions were clarified by improving a description of their objectives.
- In general, the tool was populated with instructions that highlighted the scope of the assessment.

Some modifications came from general improvements suggested to the design:

- The objective of the assessment page was clarified, and sharing – from within the assessment page – was made possible once the assessment is saved.
- An “auto-complete” was added for the email address of the person with whom the user is sharing the assessment.
- An automated email was created to notify the facilitator that a group member has completed the questionnaire.
- The “questionnaire name” field and the compulsory fields in the questionnaire were made clearer.
- The underlying data model for storing the history of an assessment was built.

¹¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3718263/>

¹² <https://www.eunetha.eu/tools/>

¹³ <https://www.himssanalytics.org/emram>

¹⁴ <http://www.iemac.es/introduccion.php>

¹⁵ <https://www.ncbi.nlm.nih.gov/pubmed/22617736>

¹⁶ <http://www.normalizationprocess.org/>

4.2 Using the SCIROCCO tool for assessing maturity requirements of good practices

The following table presents the profile of the stakeholders who used the SCIROCCO tool for the purpose of assessing the maturity requirements of good practices.

Table 2. Profile of stakeholders

Region	Date	Procedure	N° of participants	Participants' profile
Norrbottn Sweden	19/04/18	Meeting	5 participants	Assistant professor/knowledge management strategic officer; project director; project leader; Registered Nurse (RN)/PhD/Project manager; IT-strategic officer.
Puglia Italy	13/04/18 16/04/18 30/04/18	3 meetings	5 participants to each meeting	Health Director; Good Practice manager; medical doctors (general practitioner, cardiologist); nurses; a professor of medicine; a clinical engineer; and other technological partners.
Basque Country Spain	04/05/18	Individual questionnaire	6 respondents	N/A
Olomouc Czech Republic	14/05/18	2 meetings	3+2 participants	Medical doctors (cardiologists); heart failure nurse; expert in care and ICT use from a General Insurance Company; and an expert in healthcare and innovations from the Ministry of Labour and Social Affairs.
Scotland United Kingdom	28/09/18	2 meetings	4 participants to each meeting	Meeting on Technology Enabled Care Good Practice (TEC): Head of TEC; Telehealth Manager; two Workstream Implementation Leads. Meeting on Computerised Cognitive Behavioural Therapy (cCBT): Service Development Manager; a Project Officer and a Project Manager; Assessment Analyst.

4.2.1 Findings

A matrix to enable analysis of the experience of regions with the SCIROCCO tool for assessing maturity requirements of good practices was designed and filled with the findings extracted from the discussions (see Annex 5).

Training/introduction

With regard to the training in using the SCIROCCO tool that the stakeholders received before assessing the maturity requirements of their regional good practice, the respondents reported that they received sufficient introduction to the subject. Before the assessment of good practices, the SCIROCCO online tool was introduced in all the regions by means of a PowerPoint presentation and a demonstration video shown to **the participants**.

SCIROCCO (online) questionnaire - ease of use

Groups generally found the Tool easy-to-use.

However, regarding the use of the SCIROCCO online tool, most of the stakeholders encountered several issues or difficulties when responding by using the Tool online. Among the difficulties, respondents reported:

- Concerns about how to use the tool when considering specifically the good practice adoption. Participants appeared to find the tool easier to use for the purpose of assessing local context of integrated care in their own organisation or in their own region.
- Issues with translation, which made some information difficult to understand¹⁷.
- Difficulties in understanding some dimensions and assessment scales.
- Difficulties related to some descriptions of the assessment scales, since some scales were confusing and even repetitive. According to participants' views, choosing between options (for dimensions) needed careful consideration.
- At this stage, occasionally the healthcare system assessment questionnaire and the good practices assessment questionnaire were mistaken for each other.
- Sharing the questionnaires with the local project coordinator occasionally led to minor difficulties.

Stakeholders also made positive suggestions for the use of the SCIROCCO tool:

- It could also be used in the validation of other regional policies, not just related to e.g., chronic conditions.
- It is useful when used from a strategic perspective at a high level of organisation e.g., the health system or service.
- It could be useful to have available, in any decision-making session, a printed version of the definition of each dimension and its scoring options when the Tool users are selecting the score for each dimension.

¹⁷ When the consortium members have examined this issue, they believe that this difficulty may have two underpinning explanations: it may be that it is challenging to translate the English text into another language or it may be that the particular aspect of integrated care being described has a specific notion in the region or country (this has been called "contextualisation").

SCIROCCO (online) tool dimensions - ease of understanding

Respondents found the online dimensions to be clear. In relation to the SCIROCCO (online) tool dimensions, when respondents did have difficulties these were associated with the language used and in understanding some of the dimensions (which may be related to the actual translations). Some stakeholders found that it was not easy to reach a consensus on some dimensions, which could be explained by their difficulties in understanding the wording of some of the dimensions.

SCIROCCO (online) tool assessment scales - ease of understanding

In terms of the SCIROCCO online tool assessment scales, almost all the stakeholders agreed that the scales were easy to understand. On the one hand, however, some stakeholders recognised that there were difficulties in assessing and scoring the complex concept of integrated care; others stated that the SCIROCCO tool does an excellent job in this regard. On the other hand, some respondents found that, in some cases, it was difficult to choose among the various options between the scores.

All the stakeholders agreed that the most enriching element of the assessment experience was the process of consensus-building. Some respondents stated that the consensus-building promotes reflection and (personal) re-evaluation of the good practice. In the words of the stakeholders themselves, the process of consensus-building offers the opportunity to fully understand different points of view on the good practice(s) and distinct perspectives derived from the various professional or stakeholder roles of other respondents.

Spider diagram(s) and its/their results

As for the spider diagram(s) and its/their results, all the stakeholders agreed that the spider diagram produced reflected the actual situation in their region. The spider diagrams were found to be very useful, very informative and gave a good, realistic, picture of the maturity of the good practices. The rapidity with which the diagrams enabled stakeholders to “see” the actual local situation was much appreciated.

Insights

Regarding the insights provided by the SCIROCCO tool, respondents stated that the Tool has provided them with a clear vision of the strengths and weaknesses of their health and care system(s) in relation to specific good practices. The Tool enabled regional stakeholders to see not only the whole picture, but also progress made over time.

Overall usefulness of the SCIROCCO tool

With regard to the stakeholders’ perceptions of the usefulness of the SCIROCCO tool and the assessment process, most participants agreed that the Tool is useful for the identification and further implementation of good practices. The analysis that can be undertaken when using the Tool was found to be useful for reflecting on the areas of good practice that need to be improved: the Tool therefore represents an important instrument for “self-analysis” on the part of the people in the five regions. Stakeholders really appreciated the process embedded in SCIROCCO and its positivity and engagement. They appreciated the consensus-building and multi-stakeholder aspects of the exercise involved in using the Tool.

Suggestions for the improvement of the Tool or the assessment process itself

Finally, stakeholders from the different regions were asked to make suggestions on the improvement of the Tool or the assessment process itself. The following were suggested as improvements:

- Cross-cultural adaptation of the Tool, including both linguistic and contextual aspects, would improve the comprehensibility of the Tool.
- Development of a simple version of the SCIROCCO tool, with fewer features and based on a check-list approach, could be useful when following up the implementation process involved in a good practice between assessments e.g., year on year.

One group, in particular, mentioned how important it could be to raise awareness of the Tool and to secure buy-in to its use in the future.

4.2.2. Impacts

The SCIROCCO tool was refined in the following ways following this good practice focus group assessment. The modifications relate both to text-based and design/software changes:

- An explanation for the notion of “features” was added.
- A template for list of the features requested for consensus good practice assessments was added.
- Page titles and instructions were adjusted.
- Wording of the text of the SCIROCCO Maturity Model was modified slightly.

No improvements were needed in the training/introductory elements of the use of the Tool.

4.3 Capturing the experience of twinning and coaching

The following table presents the profile of the stakeholders who used the SCIROCCO tool for the purpose of twinning and coaching.

Table 3. Profile of stakeholders

Region	Date	N° of participants	Participants' profile
Norrbottn Sweden	13/09/18	8 participants (4 from Norrbotten [transferring region] and 4 from Czech Republic [receiving region]).	A total of four participants were from the SCIROCCO team, and the other four were two cardiologists and two nurses.
Puglia Italy	14/06/18	14 participants (6 from Scotland, 5 from Olomouc [receiving regions] and 3 from Puglia [transferring region]).	Scottish Government TEC, Digital Health and Care Division of NHS 24; project managers of AReSS Puglia; and medical doctors.
Basque Country Spain	13/06/18	8 participants (5 from Norrbotten region [receiving region] and 3	Project director; improvement strategic officer; business developer; Registered nurse and

Region	Date	N° of participants	Participants' profile
		from Basque Country [transferring region]).	Project manager in “My Plan”. Registered nurse / Nurse specialist in palliative care; Project manager; head of integrated care and chronicity service; and a nurse from the integration directorate.
Scotland United Kingdom	26/06/18	11 participants (5 from Norrbotten region [receiving region] and 6 from Scotland [transferring region]).	Improvement strategic officer; innovation developer and communication officer of the Norrbotten Region. Chief executive officer of Digital; Head of planning and performance and strategic partnership Director of the health and care institute; Head and international engagement manager from the Scottish Government TEC, Digital Health and Care Division of NHS 24, project directors; and project manager.
Scotland United Kingdom	05/09/2018	13 participants (3 from Scotland [transferring region], 4 from Puglia [receiving region] and 6 from Basque Country [receiving region]).	International engagement manager and Service development manager of SCTT NHS24; professional from the School for Advanced Civics; professional from the Social programme development unit of the Puglia Government; a professional from the Department of employment and social policies of the Basque Government; a professional from the Basque Foundation for Health Innovation & Research; the person responsible for the Active Patient programme; the person responsible for the District of Public Health of Uribe Costa; the Head of Integrated care and Chronicity Service; Project Coordinators; and Project Managers.

4.3.1 Findings

The findings from this set of focus groups include outcomes of the experience of twinning and coaching facilitated by SCIROCCO tool. The twinning and coaching took place through what are called here study visits.

The role of the SCIROCCO tool in twinning and coaching

Participants in the focus groups on the experience of twinning and coaching were asked about the role of the SCIROCCO tool in facilitating the knowledge transfer process. Some

questions related specifically to how the SCIROCCO tool influenced knowledge transfer, and the way in which discussion was structured during a study visit.

Stakeholders agreed that the SCIROCCO tool facilitates and structures the discussion, by helping them to think in a systematic way. In relation to the twinning and coaching experience, some participants pointed out that the Tool facilitates the discussion on what experiences/initiatives any two regions (i.e. the receiving region and transferring region) can share with or learn from each other. The learning is generally considered to be two-way, on the part of both sets of regions – receiving and transferring. One focus group participant defined this as mutual learning.

The SCIROCCO tool is therefore seen as offering support to the regions by helping them to make decisions. In this respect, it can be especially helpful to regional decision-makers or policy-makers.

Insights, outcomes and potential benefits of the twinning and coaching experience

Regarding the insights, outcomes and potential benefits of the twinning and coaching experience, all the regions involved in the twinning and coaching exercise agreed that this experience was useful in helping them to reflect on how to implement a specific good practice in a particular system and/or improve a particular aspect or dimension of integrated care. It also helped participants to be aware of any gaps in the (health and care) system, and offered them new ideas and incentives on what can be done by them to make progress with the system or service.

Participants were also asked about their potential plans to raise any outcomes of the twinning and coaching experience with decision-makers in their regions. All of them confirmed that the study visits had been fruitful, and provided insights and concerns of which decision-makers should be aware. Some participants reported that the study visit to their local area reinforced or strengthened discussions that were already occurring about any gaps that the (health and care) system is experiencing.

Ways of enhancing, and difficulties with, twinning and coaching

Ways of enhancing and difficulties with twinning and coaching were also discussed. Most participants agreed that understanding each other's (regional or national) healthcare system was crucial, which is why each study visit was introduced by a presentation about the relevant system. Moreover, participants highlighted two key aspects: first, involving professionals who are experts on the good practice and/or particular aspect of healthcare system and, second, providing practical examples of good practices and improvement initiatives.

The use of the SCIROCCO tool was also mentioned in terms of the way in which it assisted knowledge transfer: some participants pointed out a key aspect in the process of knowledge transfer was to discuss the maturity scorings of each region on the different dimensions. This exercise was enabled by using the Tool.

With regard to difficulties encountered by participants during the study visit, there was only one: some participants felt that they did not have sufficient time for full enough discussions during the visit.¹⁸

Specific comments on the SCIROCCO tool

Participants were also asked specifically about the features of the SCIROCCO tool that they found were difficult or easy to use or understand, about future uses of Tool, and possible further improvements of the Tool.

Since the last focus group phase, the Tool had been improved by adding a rationale/explanation that was given to each score or by including (small) changes to some of the scales.

When discussing the results of the analysis, focus group members mentioned these enhancements as having been helpful. However, participants agreed that language used in text describing the Tool was still occasionally problematic. In terms of specific challenges, some stakeholders found the SCIROCCO tool complex to use; they found some dimensions were still difficult to understand; or they found that the actual dimensions could be quite similar in content.¹⁹

With regard to the actual underpinning SCIROCCO tool, participants agreed that the range of dimensions covered well all the relevant aspects of integrated care.

In respect of the potential improvements of the SCIROCCO tool, the following practical suggestions were made:

- Adapt the language (cross-cultural adaptation²⁰ of the tool).
- Make the Tool easier to use²¹.
- Make the Tool friendlier at a visual level and give it fewer features.
- Produce the final consensus diagram in only one colour.
- Use brighter colours.

At the end of each focus group, stakeholders brainstormed about future uses of the SCIROCCO tool, saying that it could be used, for example, in:

- Local health and care partnerships, as a change management tool.²²
- Approaches to be applied with managers/decision-makers (the Tool offers reasons to justify and support many aspects of integrated care, which initially are often not well understood at a managerial level).
- Benchmarking²³.

¹⁸ One example given by participants was the volume of new information that they received during the visit.

¹⁹ These issues have been much discussed in SCIROCCO consortium meetings. Two explanations are given: first, the quality and contextualisation of any translation of the tool into languages other than the original language; and, second, the relative (lack of) understanding of the field by some stakeholders.

²⁰ See the discussion that follows.

²¹ The precise way in which this could be achieved was not specified.

²² Specific areas mentioned included policy making, focusing on and defining priorities in planning, uptake, behavioural change, and difficult-to-evidence learning experiences.

²³ The SCIROCCO tool was never intended as a benchmarking tool; nevertheless, this was occasionally suggested by stakeholders as, ultimately, being a potential use for it e.g., in their own regions over different periods of time.

- The development of digitisation strategies.²⁴
- Strategic plans ' development and implementation at regional level (e.g. results of the SCIROCCO will be added to the Norrbotten Strategic Plan for 2035).

4.3.2. Impacts

There are three major impacts that have resulted from this last stage of focus group work.

First, the findings from this last set of focus groups on the twinning and coaching experience between regions will be used to feed the further refinement of the SCIROCCO tool.

Second, overviews of the directions to be taken by the regions that have undertaken twinning and coaching, that have brought together receiving and transferring regions, have resulted in a number of policy observations made in their Action Plans²⁵ – these often relate to legal and regulatory aspects.

Third, several elements of these reflections will be used to formulate the SCIROCCO policy statements, especially in brainstorming about the future usage of the SCIROCCO tool in the SCIROCCOExchange project,²⁶ which is to be the future extension of the SCIROCCO work.

²⁴ This included specific situations (such as testing the shift in the region/country from analogue systems to digital systems).

²⁵ By an Action Plan, the SCIROCCO project has understood a plan that originates in a twinning and coaching experience. Regions (both transferring and receiving regions) have written the Action Plans jointly, so as to learn together what good practice(s) could potentially be transferred from one region to another (or others). The Action Plans are short documents, illustrated by tables drawn from the use of the SCIROCCO tool, which ultimately identify priority areas and priority actions to be taken.

²⁶ SCIROCCO Exchange project will start in early 2019; it is a follow-up to the SCIROCCO project. It will aim at supporting regions, mainly through their health and social care authorities, on the adoption and the scaling-up of integrated care. Its outcomes are to be achieved by facilitating regions' access to evidence-based assets on integrated care, and by encouraging personalised knowledge transfer and improvement planning. Its main result is intended to be better access to evidence on integrated care and tools that are to be available to potential adopters, accompanied by a better understanding of the readiness of regions for the adoption of integrated care.

5. Discussion: Lessons Learned

Three main areas of lessons learned are proposed in relation to the SCIROCCO tool.

5.1. Lessons learned on the Tool itself and on the process of using the Tool

The SCIROCCO tool and the process of using it to facilitate scaling-up of integrated care in different regions of Europe have been described as a means of building constructive collaboration among different professionals in order to achieve consensus-building. The professionals may come from different managerial levels and/or from various health and care organisations. The Tool, and the process by which it is used, can be termed an “enabler” because it helps to achieve dialogue: this, in turn, generates knowledge and promotes reflection on the “object” of the assessment, whether this is a healthcare system or a good practice. Moreover, the SCIROCCO tool has been seen as a support for making decisions or for presenting reasons and sound arguments to decision-makers and policy-makers with regard to integrated care.

Regarding the use of the Tool itself, there is some discussion over whether the Tool is easy or complex to use. At different stages of the project, some stakeholders reported that the Tool is easy to use while for others it is more complex. These differences may have several explanations. The ease or corresponding difficulty may be due to:

- **The evolution of the SCIROCCO model and Tool.** Both the SCIROCCO Maturity Model and the Tool have been refined on several occasions throughout the project; so, the functionality of the Tool, and thus its use, could have become more complex over time.
- **The purpose of using the Tool.** Differences have been found among stakeholders in terms of their perceptions of the use of the Tool when assessing the maturity of healthcare system and the maturity requirements of good practices. In particular, using the Tool for the maturity assessment of the healthcare system was found by some stakeholders to be easier than for the maturity assessment of requirements of a good practice.
- **Professionals’ knowledge of the object of analysis.** In some discussions, the lack of an exhaustive or holistic knowledge of either the context or the good practice have been reported as a limitation by the people concerned when responding to the Tool.
- **Familiarity with the SCIROCCO tool.** Having used the Tool previously or being familiar with the maturity model that underpins the Tool may provide an advantage that can make it easier to use.

5.2. Lessons learned on the potential enhancements of the Tool

Regarding the main difficulties of using the SCIROCCO tool and the suggestions for its improvement made by the stakeholders throughout the project, it was found that language was sometimes an issue when using the Tool. With the aim of overcoming this limitation, cross-cultural adaptation of the Tool was proposed in several focus groups by different stakeholders. Cross-cultural adaptation involves not only the linguistic aspects

but also the contextual aspects of such a Tool. The process of this type of adaptation is composed of four stages: translation, back-translation, preparation of a consensus version, commented pre-test, and creation of the final version of the Tool (Guillemin et al., 1993²⁷). In the frame of the SCIROCCO project, the original English version of the SCIROCCO tool text has been translated into Czech, Italian and Spanish. However, a cross-cultural adaptation to at least these three contexts should be considered as a potential improvement of the Tool – particularly since many maturity models or tools are available only in the English language.

Difficulties understanding some dimensions of the Tool were also reported in all three sets of focus group meetings, but perhaps these difficulties were related to language issues.

5.3. Lessons learned on the future uses/wider implications of the Tool

Wider implications for the future use of SCIROCCO have been discussed and suggested.

Stakeholders agreed that the SCIROCCO tool can be used in a great diversity of organisations, at different organisational and system levels, and with various types of stakeholders. Particularly, SCIROCCO has been seen as being useful when it is used at a high organisational level, for example from a strategic perspective, with managers and decision-makers. In this regard, several discussions pointed out that SCIROCCO offers reasons and support to justify initiatives and decisions in relation to the scaling-up of integrated care. The tool has also been described as potentially useful in terms of determining areas of policy-making.

Regarding other uses of the SCIROCCO tool, and the process of using the Tool, at least four other uses were proposed during discussions:

- To follow up on the progress towards integrated care or scaling-up of good practices.
- As a management tool for health and care partnerships.
- In areas of change management.
- For the development of digitisation strategies and for testing developments in digitisation.

²⁷ Guillemin, F., Bombardier, C., & Beaton, D. (1993). Cross-cultural adaptation of health-related quality of life measures: literature review and proposed guidelines. *J Clin Epidemiol*, 46(12),1417-32.

6. Conclusions and observations on SCIROCCO Outcomes

6.1. Conclusions

From the outcomes of the focus group discussions and the questions posed to a variety of stakeholders with experience using the SCIROCCO tool in the five SCIROCCO regions, regardless of the applied level of healthcare system, it can be concluded that:

The SCIROCCO process:

- Builds learning and knowledge transfer step-by-step, in phases.
- Is systematic, and builds consistency and coherence of findings.
- Assists constructive collaboration.
- Shows the importance of group work and sharing, including good facilitation of meetings.
- Shows how useful twinning and coaching can inspire regional representatives, and help in the development of integrated care in regions through the sharing of mutual experiences and good practices.

The SCIROCCO Tool:

- Points to the various dimensions of integrated care and their importance for a region or community's readiness and implementation.
- Helps people to understand their context²⁸.
- Can be used in a wide range of settings with broad ranges of people – from patients/citizens to high-level decision-makers, although it is used mostly by health and care managers.

SCIROCCO for decision-making:

- Provides guidance on important aspects of integrated care in the planning of strategies.
- Provides reassurance on what is happening in local regions.
- Provides evidence on, and confirms trends about, what is happening in local regions.
- Helps with change management.
- Can help with benchmarking.
- May be especially effective in developing digitisation strategies.

In the future, SCIROCCO could be:

- Used in a broad range of contexts with wide ranges of people, from patients/citizens themselves to high-level decision-makers. As a result, it builds a strong link between “self-assessment” and group decision-making.

²⁸ If people do not understand the background to their context (whether integrated care or wider), they cannot take appropriate action.

6.2. Observations

Last but not least, **four SCIROCCO outcomes** that are especially likely to be of considerable interest to regions and countries:

- **Identification of good practices and their requirements for the transferability and adoption in five SCIROCCO European regions and beyond.** (More detail is available in the work of SCIROCCO's Work Package 4.)
- **A validated and tested SCIROCCO Tool that facilitates scaling-up and knowledge transfer among European member states.** It is **accompanied by guidance on how to apply the Tool.** (More detail is available in the work of SCIROCCO's Work Package 5.)
- **A tested "self-assessment" process that examined the maturity of SCIROCCO regions in terms of their maturity to adopt integrated care i.e., the strengths and weaknesses of the healthcare systems for integrated care.** (More detail is available in the work of SCIROCCO's Work Package 6.)
- **A tested knowledge transfer process that is followed by twinning and coaching activities with the objective of better understanding the local conditions for the adoption of integrated care.** The outcomes of these activities have resulted in **Action Plans.** These Plans identify priority actions and related policy implications to enable the transfer of learning about a particular good practice and/or aspect of integrated care in SCIROCCO regions. (More detail is available in the work of SCIROCCO's Work Package 7.)

7. Policy Recommendations

As a result of discussions with the SCIROCCO project’s policy-makers, and representatives of regional and international policy-making in not-for-profit associations, a number of potential policy recommendations can be drawn. They apply in the first instance to local or regional settings, but they may also have much wider (global) implications.

SCIROCCO’s lessons learned, findings, and conclusions, indicate that in Europe – and possibly more widely – people need to:

- **Assess the capacity and readiness of European regions for integrated care**
This activity should be aiming at an understanding of the maturity of health and care systems and requirements for the adoption and scaling-up of good practices in integrated care.
“Get ready!”
- **Move towards faster adoption and scaling-up of good practices in integrated care**
When learning about good practices and healthcare systems is more available to potential adopters, acceleration of the scaling-up of good practices is achievable.
“Speed up”
- **Get hold of tools and methodologies to support the process of scaling-up**
SCIROCCO is one of a bundle of tools that can be supportive of the scaling-up of integrated care. SCIROCCO enables the gathering of good practices in integrated care across Europe.
“Use SCIROCCO”
- **Improve informed decision-making on the local, national, and European levels**
Decision-making is based on evidence is effective. Many different levels and layers of people can provide such evidence. The SCIROCCO tool can build evidence for decision-making about integrated care. Using SCIROCCO helps the process of building evidence.
“Build the evidence”
- **Apply effective knowledge transfer i.e., through twinning and coaching**
The SCIROCCO tool and method(s) support knowledge transfer in an effective way. Assessing the local/regional situation or context makes twinning and coaching more productive and successful.
“Learn from others”
- **Co-design the future transformation of health and care systems**
By facilitating cross-stakeholder conversations on the future transformation of health and care systems, SCIROCCO enables the co-design of scaling-up of good practices of integrated care. The SCIROCCO tool can facilitate collaboration and consensus-building.
“Work together”

SCIROCCO – the tool, process, and knowledge transfer – have all concentrated on the scaling-up of integrated care. Clearly, they apply to the local or regional context. These initiatives could, however, be applied to a far wider range of social/societal challenges as Europeans, as global citizens, work together to fulfil the 17 sustainable development goals that the world has set itself for 2030²⁹.

²⁹ <https://www.un.org/sustainabledevelopment/sustainable-development-goals/>

8. Annexes

8.1. Annex 1 - Focus Group Guidelines - Experience of Using the SCIROCCO Tool for the Context Self-Assessment

FOCUS GROUPS Guidelines *WP8: Lessons learned and policy implications*

CAPTURING THE EXPERIENCE OF THE REGIONS USING THE SCIROCCO TOOL FOR THE CONTEXT SELF-ASSESSMENT

NOTES

This set of key questions and their accompanying prompts - described as “further in-depth questions” - forms a basic template from which session-appropriate questions can be posed at the series of SCIROCCO focus groups to be held.

DETAILED OBSERVATIONS FOR FACILITATORS

- (1) On occasions somewhat similar questions are placed in different categories of the focus group session, so as to tease out - in an alternative way - responses to the same issues.
- (2) In particular, the “Experience”-related questions are likely to have been covered by the brief PowerPoint presentation(s) made by the focus group participants. Hence, the focus group facilitators may only need to pick up briefly on any additional information they need in the session itself.

Capturing the experience of the regions using the SCIROCCO tool for the context self-assessment

Experience

Key question: What is your experience with the SCIROCCO tool during the self-assessment process? (Describe it briefly.)

Questions to facilitate the discussion:

How did you use the tool (with whom? in a group or singly? type of topic/practice/site?)

Further in-depth questions:

- How many people have used the tool in your region?
- How widely have the results of the tool been disseminated in your region?
- Stakeholders: What stakeholders (if any) have you involved in any/the self-assessment process you have experienced?
- Have you been involved in discussions with other stakeholders where the results of the self-assessment using the SCIROCCO tool have served as input to the discussion?

- Policy-makers: Have the users of the tool in your region been involved in discussions with policy-makers, using the results of the self-assessment through the SCIROCCO tool as input to those discussions?
- [Alternative option] Have regional health and care policy-makers in your region been informed about the outcomes of the SCIROCCO self-assessment process?

Insights, outcomes and potential benefits of the tool with an especial focus on policy-making

Key question: Can you tell us about any specific insights (outcomes) the tool has given you into your region's approach to health and care integration as a result of the self-assessment process?

[Alternative] Questions to facilitate the discussion:

- What outcomes have emerged after using the tool/after the self-assessment process?
- What has changed for you and your region after using the tool/ after the self-assessment process?
- [Alternative option] What do you expect will change for you in your region after using the tool/ after the self-assessment process?

Key questions: Have you identified any clear benefits of the assessment outcomes for policy-making by using the SCIROCCO tool? If yes, what benefits? / If not, why not?

Questions to facilitate the discussion:

- What do you expect the tool will do for your region (i.e., what benefits will it bring in terms of policy-making)?
- Has anything changed in your region in terms of policy-making after the self-assessment has been done? (Please describe it.) [For example: After using the tool, did you become more aware of any specific challenge in integrated care? Did you identify any barriers/limitations of/in your health or care system to implement integrated care?]
- [Alternative option] What effect has using the model/tool had on your policy/strategy in your area/site?
- How did/is the tool helping you to work with policy-makers or other stakeholders?
- How did it/is the tool helping you to work with other stakeholders involved in ideas development/decision-making?
- What sort of decision(s) do you think the tool provides useful support for?

Enhancement of the model

[This part of the focus group session focuses on the conceptualisation of the dimensions in the SCIROCCO model, and not on the actual usability of the tool. Hence, the reference is to the model throughout. If participants query this, we should emphasise that we are trying to obtain information about the 12-part model/process of change in integrated care].

Key questions: Do you think that the model covers all the relevant dimensions of scaling-up integrated care? Can you suggest any dimensions missing in the model?

Questions to facilitate the discussion:

- Which dimensions of the SCIROCCO model did you find easy to understand?
- Which dimensions of the SCIROCCO model did you find hard to understand?
- How would you improve the SCIROCCO model overall?
- How relevant do you think that the dimensions covered by the tool are for the transformation into (official) policies of the outcomes that emerged from using the tool?
- Are there any dimensions in the model whose outcome is not relevant at all for policy-making? [i.e., policy-makers would not want to know about these outcomes or the outcomes are not strategic but instead are rather low-level/operational.]
- What (other) work do you do (in your region) where you think information extracted from the tool could be useful?

Comparison of the tool with other tools in terms of enhancing health care systems

[This part of the focus group session focuses on the conceptualisation of the dimensions in the SCIROCCO model, and not on the actual usability of the tool. Hence, the reference is to the model throughout. If participants query this, we should emphasise that we are trying to obtain information about the 12-part model/process of change in integrated care. The SCIROCCO model/tool approach is intended to help evaluate the maturity of a system according to various different and complementary dimensions.]

Key questions: Do you have any previous experience of using (other) tools to analyse integrated care in your region? (Yes/No) If yes, please describe.

Have you had any previous experience with analysing your (regional or national) healthcare system by using any approach similar to the SCIROCCO approach? (Yes/No) If yes, please describe.

Was the experience/impact/effect of using that other tool comparable to the experience of using SCIROCCO tool?

Questions to facilitate the discussion:

- How would you compare the insights you gained from the use of the SCIROCCO tool with the insights you gained from the use of other tools?
- How important do you find these (other) tools to improve implementation of integrated care? How important do you find the SCIROCCO tool to improve implementation of integrated care?
- If a tool is an effective way to improve health and care integration, why would you choose the SCIROCCO tool specifically?

Questions on the SCIROCCO tool itself:

- Does the SCIROCCO tool offer the potential to improve health and care integration in your region?
- What do you see as the most positive aspect of using the SCIROCCO model/tool?
- What do you see as the biggest challenge in using the SCIROCCO model/tool?
- Would you recommend the use of the SCIROCCO model/tool to analyse other kinds of systems (e.g. social protection) or structures (e.g. a single healthcare centre) or some other system or structure? Why? Or why not?
- In your experience with the SCIROCCO tool, can you think of different purposes for how to use it?

8.2. Annex 2 - Focus Group Guidelines - Experience of Using the SCIROCCO Tool for Assessing Good Practices

Guidelines

WP8: Lessons learned and policy implications

CAPTURING THE EXPERIENCE OF REGIONS WITH THE SCIROCCO TOOL FOR ASSESSING GOOD PRACTICES

In the frame of WP8: *Lessons learned and policy implications* a short list of questions were developed to capture the experience of regions with the tool for the purpose of assessing maturity requirements of good practices.

These questions were intended to be embedded as part of the stakeholder workshop held in each of the five regions participating in the SCIROCCO project.

KEY QUESTIONS:

Training/introduction:

- What kind of introduction did you receive to the SCIROCCO project and the tool?
- Was it sufficient?
- Please describe the kind of introduction to using SCIROCCO that you received, and in which ways the introduction was enough to help you use the tool or, if you would suggest extra support, what that support should be.

SCIROCCO online questionnaire - ease of use:

- Did you find the online questionnaire easy to complete (or not)?
- If you did experience difficulties in filling in the SCIROCCO online questionnaire, what were they?
- Please describe any difficulties you experienced with filling in the questionnaire. You can describe any sort of difficulty.

SCIROCCO online tool dimensions - ease of understanding:

- Did you find the SCIROCCO dimensions for integrated care easy to understand?
- If not, which dimensions of the SCIROCCO tool did you find hard to understand and why?
- Please describe a specific dimension(s) of the SCIROCCO tool that you find hard to understand and the suggestions for the improvement.

SCIROCCO online tool assessment scales - ease of understanding:

- Did you find the SCIROCCO assessment scales easy to understand?
- If not, what refinement(s) you would suggest to improve the scales?

- Please describe a specific assessment scale or specific scales of the SCIROCCO tool that you find hard to understand and make suggestions for its/their improvement.

Features of the good practice(s):

- What was your experience of the identification of the features which were required for the good practice?
- What was your experience of coming to a consensus on the features required by the good practice?
- Please tell us if you have had any difficulties to identify the features that are required by the good practice.

Spider diagram(s) and its/their results:

- Did you find that the resulting spider diagram (combining all stakeholders' responses) reflects for you your region's situation?
- Were any of the results particularly surprising?
- Please describe how reflective of your region's situation, you think that the spider diagram(s) is/are and whether any of the results came as a surprise.

Insights:

- What kinds of specific insights did the SCIROCCO tool offer you as a result of the good practice assessment process?
- Please tell us about any kinds of insights you have had about your region, its decision-making, your health and care system, and your region's good practice(s). (Examples could include how mature your region is, how it is organised, where it could improve its practices.)

Overall usefulness of the SCIROCCO tool:

- How useful did you individually find the assessment process of using the SCIROCCO tool?
- How useful do you think your region and your regional stakeholders found the assessment process of using the tool?
- Please tell us about your perceptions of the usefulness of the tool and the assessment process, either as an individual or as a stakeholder group.

Additional information:

- Do you have any other suggestions for the improvement of the tool or the assessment process itself)?
- Please tell us about your suggestions for the improvement of the tool and process.

8.3. Annex 3 - Focus Group Guidelines - Experience of Twinning and Coaching

FOCUS GROUPS Guidelines *WP8: Lessons learned and policy implications*

Capturing the experience of twinning and coaching

The following questions were developed in the frame of WP8: *Lessons learned and policy implications* in order to capture the experience of twinning and coaching between regions.

They are about several stages in conducting the twinning & coaching process (i.e., “the study visit”): the actual experience of doing the twinning and coaching, and the reflections that you have immediately at the end of the twinning and coaching study visit. All the questions listed here were asked of people from BOTH the transferring and the receiving region in the same focus group.

Background to twinning & coaching

- What were your expectations of the study visit?
- How did you get involved in the twinning and coaching activities i.e., the study visit?

Role of the SCIROCCO tool in twinning and coaching

- In your view, how does the SCIROCCO tool influence knowledge transfer that can take place between a transferring region and a receiving region?
- In your view, how does the SCIROCCO tool influence the structure of discussion during a study visit?

Insights, outcomes and potential benefits

- What are the key points that the study visit has raised:
 - In relation to integrated care in your region?
 - More generally, in relation to health systems delivery?
- Which of the key points discussed or lessons learned during the study visit do you think will be most likely to be addressed in your region in the approach to integrated care?
- As a result of your twinning and coaching experience:
 - Are there any outcomes you think your decision-makers should be aware of?
 - Are you planning to raise any of these with your decision-makers? (E.g. the priority actions needed for the adoption of a particular good practice.)

Ways of enhancing, and difficulties with, twinning & coaching

- What worked well when sharing the knowledge/experiences on integrated care between the regions during the study visit?
- What difficulties did you experience in sharing knowledge and experiences on integrated care between the regions during the study visit?
- What do you think will help to overcome the difficulties experienced?
- Do you have any suggestions for improvements regarding the study visit?
- Do you have any other comments with regard to your participation in the study visit?

Specific comments on the SCIROCCO tool

- 1 What features of the SCIROCCO tool did you find difficult to use or understand?
- 2 What features of the SCIROCCO tool did you find easy to use or understand?
- 3 How well did the SCIROCCO tool support matching two healthcare systems or a healthcare system and a good practice?
- 4 How well did the SCIROCCO tool support matching two healthcare systems or a healthcare system and a good practice?
- 5 How well did the notion of features on the SCIROCCO tool support you during your study visit?
- 6 In your region, can you describe how the SCIROCCO tool could be used in the future?
- 7 Do you have any suggestions for improvements regarding the SCIROCCO tool?

8.4. Annex 4 - Analysis of focus group outcomes

Matrix to enable analysis of focus group outcomes

CAPTURING THE EXPERIENCE OF THE REGIONS USING THE SCIROCCO TOOL FOR THE CONTEXT SELF-ASSESSMENT

DESCRIPTION <i>(Brief description of the focus group session, e.g. if it took place immediately following the consensus-building on self-assessment workshop)</i>				
Basque Country	Norrbottn	Scotland	Olomouc	Puglia
<ul style="list-style-type: none"> - Focus group (FG) took place 3 months after the regional self-assessment, which had the objective of reflecting on the Basque Country progress towards integrated care (previously a training session was organised). - FG session was facilitated by SCIROCCO team members. - Before the FG discussion, the results of the regional self-assessment process were presented (PPT) in order to provide background to the discussion. 	<ul style="list-style-type: none"> - Focus Group (FG) took place 2 months after the regional self-assessment. - FG session was facilitated by SCIROCCO team members, - Before the FG discussion, a brief set of PowerPoints reminding the attendees of the self-assessment process was presented. 	<ul style="list-style-type: none"> - Focus Group (FG) took place two months after the regional individual self-assessment (August /September 2018). - FG took place on the same day as the consensus-building exercise. - FG session was facilitated by SCIROCCO Scottish team members. - Before the FG discussion, the results of the regional self-assessment process were presented (via PPTs) in order to provide background to the discussion. 	<ul style="list-style-type: none"> - Focus Group (FG) questions were provided by WP8 team to Olomouc Region regional coordinator. - Olomouc Region regional coordinator provided the WP8 team with a draft set of responses to the generic focus group questions (1st Dec) - Olomouc Region's coordinator was further interviewed on 3rd Dec. 	<ul style="list-style-type: none"> - Focus Group (FG) was conducted as part of the local self-assessment workshop to ensure the participation of all stakeholders involved in the self-assessment process. - In Puglia, there is a local (internal) steering group for the SCIROCCO project, with different backgrounds and responsibilities. <i>Training in the use of the tool:</i> In June 2017, the SCIROCCO team sent an email to local stakeholders with a DEMO video on how to use SCIROCCO Tool and fill

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				the online self-assessment survey. - FG session was facilitated by SCIROCCO Puglia team members. - At the beginning of the workshop, each stakeholder was provided with a folder which included their own scoring for every dimension of SCIROCCO tool. And before the FG discussion, the self-assessment outcomes and final consensus diagram were presented. <i>“It proved to be useful to begin the discussion with the results on the strengths and weaknesses of the regional system in integrated care”</i>

EXPERIENCES				
<i>(Brief description on how the tool was used for the self-assessment + attendees' observations / feedback on the use of the tool)</i>				
Basque Country	Norrbottn	Scotland	Olomouc	Puglia
<ul style="list-style-type: none"> - Initially the tool seemed complex but after working with it, it becomes easier. - The tool covers all the relevant integrated care dimensions but not all the dimensions were equally easy to score. - Difficult to clearly identify the level of maturity between the scales 4 and 5. - Subjective character of the tool dimensions (responses given may vary depending on how they are interpreted). - Consensus-building process as an enriching experience, which outcomes reflected very well the healthcare system. - Importance of the respondents experience and track-record in the organisation for conducting the self-assessment properly. 	<ul style="list-style-type: none"> - This FG reported generally having a positive view of the process and experience. - The FG remarked on the organisation, composition, and process used by the local self-assessment team. - One month ahead of the self-assessment (i.e., around May 2017), the local team had received training in the use of the tool. - Since this was the first of the five FGs to be held, consideration was given to what kind of advice/assistance the Norrbotten team could offer to other regions which had yet to use the tool. 	<ul style="list-style-type: none"> - The tool was easy to use. - The tool was facilitative. - The tool was good at helping consensus-building. - The tool was helpful for enabling discussion and dialogue. - The tool was seen as helpful in enabling individuals to reflect on the country's health and care system. - There was some concern about the "confidentiality" of the expression of the opinion. - Some people wanted to cross-check their own (individual) responses with others/teams. - The tool can be completed as a collective exercise. - Cross-checking the collective exercise with the news of others is viewed as positive. - Having a confidence scale is viewed as important. 	<ul style="list-style-type: none"> - Completing the questionnaire - Self-assessment meeting³⁰ 	<ul style="list-style-type: none"> - SCIROCCO tool easy to use. - The tool helps to understand the level of maturity of digital health in the region. - It is also useful to provide information from different point of view on how the healthcare delivery system works in the region and to help the providers to better understand patient needs. - Effective tool to analyse the state of the art of the context for integrated care: easy/quick detection of areas of improvement, gaps, strengths. - It facilitates multidisciplinary consultations: it has the potential to tackle issues from different angles giving broader views of the dimension of the problem. - Flexibility of the tool make it easy to use and easy to be accepted also at a policy-making level of discussion.

³⁰ Some of this information on the completion of the 'questionnaire' may fit in this section or in the section on 'description'.

ENHANCEMENT OF THE TOOL (Attendees' suggestions made on how the SCIROCCO tool could be improved)				
Basque Country	Norrbottn	Scotland	Olomouc	Puglia
<ul style="list-style-type: none"> - To keep the dimensions definition simple (some questions were found complex/difficult to understand). - To include an analysis of the differences at micro/meso/macro levels in terms of self-assessment to avoid bias. - To involve user's (patients) perspective in the self-assessment. - More quantitative measurement. 	<ul style="list-style-type: none"> - The justifications were not thought to need to be automated. Writing out one's own justifications was seen as a useful process. - It is important to have the tool available in the local language. - There were no dimensions perceived to be missing. - The "breadth of ambition" dimension needed clarification. - Some elements of weighting needed clarification. 	<ul style="list-style-type: none"> - For policy-makers, add a complementary narrative (the straightforward print-out of the spider diagrams may be insufficient). - Technical improvements follow: <ul style="list-style-type: none"> - On one dimension (breadth of ambition), greater distinction needs to be made between scores '4' and '5'. - On another dimension (capacity-building), score '5' needs to be fine-tuned. - No need for any additional dimension. - Add a 'sliding scale'. - Add two other scoring options ("don't know" and "less than zero"). - Colouring: consider simply colouring only the edge of the spider diagram(s). - Alternative (further) uses of the tool follow: <ul style="list-style-type: none"> - With a greater diversity of organisations. - In relation to different 		<ul style="list-style-type: none"> - Availability of the tool in the local language, but the translation needs to be checked by the expert on the topic in order to answer very well to the real purpose of the assessment. - Useful to insert the numbers (from 0 to 5) into the spider diagram to highlight the scoring. - Inequality (access to health and social services and to innovative technologies) is not adequately taken into account in the dimensions. - To revise the assessment scales in the "Population approach" and "Citizens Empowerment". <p><i>Using the tool at policy-making level</i></p> <ul style="list-style-type: none"> - SCIROCCO should be an instrument to be presented to policy makers in order to address public policies, particularly their weaknesses. For that: 1) it is recommended to have a clear (more specific) description of the purpose of

ENHANCEMENT OF THE TOOL <i>(Attendees' suggestions made on how the SCIROCCO tool could be improved)</i>				
Basque Country	Norrbottnen	Scotland	Olomouc	Puglia
		“outcome chains”. ³¹ - In relation to “digital readiness”. - Doubtful, however, about use in the voluntary sector.		the tool. 2) A clear graphic representation including a spider diagram where the ranking number is reported on the figure so to make the final diagram interpreted at a glance.

³¹ ‘Outcome chains’ are relatively recent sales and marketing developments linked with the notion of selling ‘business roadmaps’ that enable ‘customers’ to reach their desired ‘business outcomes’. See e.g., https://go.forrester.com/blogs/10-04-26-how_would_you_define_customer_outcome/ and <https://www.tsia.com/resources/press-releases/2016-press-releases/tsia-announces-partnership-with-outcome-chains-inc.html>, accessed 31st October 2017.

COMPARISON WITH OTHER TOOLS				
<i>(Attendees' observations about how SCIROCCO compares with other 'integrated care' assessment tools they have used)</i>				
Basque Country	Norrbottn	Scotland	Olomouc	Puglia
<ul style="list-style-type: none"> - SCIROCCO tool similar to other quality tools (e.g. D'Amour survey, IEMAC) used in the Basque Country healthcare system but it doesn't measure the same aspects. SCIROCCO tool is a complementary measure. <p>In comparison with other tools:</p> <ul style="list-style-type: none"> - SCIROCCO tool offers a more global assessment. - It is simpler to use and takes less time. 	<ul style="list-style-type: none"> - Other tools mentioned that are used by the region included: "normalisation theory"; MAST; annual project planning; and the use of agile approaches e.g., agile software development. - Other tools used with specific (occupational) groups are: the improvement work methods; PDSA; leadership workshops; flowchart processes; lean theory and lean method; value-based approaches. 	<ul style="list-style-type: none"> - Explore whether the tool can be used "bottom-up". If so, are facilitated workshops needed to accompany the tool use. - Direct comparisons were made with other tools (HIMSS EMRAM tool³², digital maturity assessment³³, and the work of the NHS England sustainability and transformation partnerships³⁴). - No conclusion on relative worth was made. 	<ul style="list-style-type: none"> - MAST - Momentum - HTA 	<ul style="list-style-type: none"> - EuneHTA core model for production of HTA reports on Technologies, Medical and Surgical Interventions, etc. are available and used in Puglia but these tools are more complex and need specific skills to be performed. - SCIROCCO tool offers a graphic representation of the outcomes in the form of spider diagram which is a novelty compared to other available tools. And it can be a viable method for facilitating meetings with stakeholders with different perspectives.

³² <http://www.himss.eu/healthcare-providers/emram>, accessed 31st October 2017.

³³ <https://www.england.nhs.uk/digitaltechnology/info-revolution/maturity-index/>, accessed 31st October 2017.

³⁴ <https://www.england.nhs.uk/wp-content/uploads/2016/02/stp-footprints-march-2016.pdf>, accessed 31st October 2017.

IMPACT AND OUTCOMES				
<i>(Brief description of the outcomes of the use of the tool, attendees' reflections on the (potential) impact of using the tool, and wider implications of using the tool)</i>				
Basque Country	Norrbotten	Scotland	Olomouc	Puglia
<ul style="list-style-type: none"> - The outcomes of the tool were useful to inform on the current healthcare system. - The self-assessment outcomes help to reflect on the system and its evolution but may not produce a short-term impact. - The tool is not going to change the system but generates knowledge on the maturity of the healthcare system and raises awareness of the readiness for integrated care. 	<ul style="list-style-type: none"> - Examples of use of the tool cited included: using the tool more regularly e.g., once a year; using the tool with people at regional level and in the municipalities; spotting which dimensions decrease (over time) in terms of their scoring as opposed to increase. - This FG brainstormed chiefly about alternative (other) uses of the tool. - Examples cited included: use before new projects start; the tool can help present good arguments about rationale(s) to managers; use on many different organisational levels; use not simply for IT challenges. 	<p>The outcomes helped to gain an overview of the maturity of the Scottish health and social care system.</p> <ul style="list-style-type: none"> - Main areas of maturity were: progress; political will; high-level commitment. - It was viewed as important that it is not possible to look at IT without looking at the “wider context”. - Six other important considerations are: fluidity and movement in the context; ambition/expectations; no interest in benchmarking; commitment to integrated care on the part of stakeholders; integrated care needs digital resources; the tool should not be used over frequently. 	<p>Outcomes and impact</p> <ul style="list-style-type: none"> - Future potential - Challenges - Adaptation 	<ul style="list-style-type: none"> - “The SCIROCCO tool is useful to drive discussions during brainstorming: sometimes in meetings it is easy to miss the focus”. It also provided a clear vision of the strengths and weaknesses of the Regional Context. If used properly, it is an extraordinary participatory policy tool” <i>Using the tool for other purposes</i> - Application of SCIROCCO tool before new projects start: citizens or managers could use this tool at the beginning of any policy implemented by the government in order to assess the “state of art” for a specific subject. - Provision of useful arguments to managers: The region could use this tool to assess ex post the maturity of the services provided, the level of investments and to assess the degree of satisfaction of the population. - SCIROCCO tool could also be used in the validation of other regional policies, not

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				just those related to chronicity. <i>Wider implications</i> <ul style="list-style-type: none"> - The tool brings many issues to the surface; it can be used to present new and upcoming trends to the management and explain the rationale behind - Regular use of the tool: from an integrated care perspective, it could be useful to undertake the exercise periodically, with a focus on specific topics or diseases. - The tool can be helpful to indicate which dimensions of integrated care are improving or potentially worsening in terms of their scoring.

LESSONS LEARNED				
(Preliminary set of “lessons learned” from this exercise by WP8, the project consortium, and for policy directions and content in general)				
<ul style="list-style-type: none"> - Self-assessment process as a process of reflection (continuous learning process). - The tool great value is in its potential to generate consensus. - The self-assessment using the SCIROCCO tool provides a global overview of the healthcare system. - SCIROCCO tool is very useful for establishing comparisons between different healthcare systems and for analysing the transferability of good practices. - SCIROCCO tool can be very useful in terms of policy decision-making (always together with other tools). 	<ul style="list-style-type: none"> - For policy-makers: - The results of the use of the SCIROCCO tool need explanations, descriptions, and a presentation (or perhaps the spider diagrams accompanied by short notes). - The following decision-making levels need to be borne in mind: municipal; local; regional; national. - The results must be available in the local language. - If using the tool with citizens (e.g., citizen empowerment): - Need for transparency, dialogue, and discussions. - Take on board different viewpoints. - Degree of competence needed. 	<ul style="list-style-type: none"> - Look at other local partnerships in the country. Examples of such partnerships: care homes, housing, the independent sector, emergency services - Decide how to put together ‘transmitters’ and ‘receivers’ in relation to twinning and coaching. - Commitment to completing a usability questionnaire. 		<ul style="list-style-type: none"> - The SCIROCCO tool helps us to understand the level maturity of integrated care in the region. - The tool seems to be easy to use in comparison with some other tools that the stakeholders were familiar with. - The SCIROCCO tool could also be used in the validation of other regional policies not only of integrated care. <p>Next steps for the Puglia region will include:</p> <ul style="list-style-type: none"> - Recommendations for future policy. - Validation of SCIROCCO tool in other Italian regions.