Service Evaluation Template

Using this template

Use this template to help you plan your service evaluation to understand how shared decision-making is happening in your department.

A service evaluation aims to answer:

"What standard does this service currently achieve?"

It focuses on assessing existing practice, not testing new interventions.

Is this service evaluation or research?

Service evaluation and research studies can appear similar, and it is sometimes difficult to distinguish between them. Service evaluation usually involves analysis of existing data but may also include interviews or questionnaires. It measures current service without reference to a standard, unless it's a comparison with a previous service evaluation. Research, in contrast, is designed to generate new knowledge and has clearly defined aims and objectives. Refer to the UK Health Research Authority (HRA) comparison guidance for further detail.

To determine whether your project is service evaluation or research you should:

- Seek advice from your Quality Improvement, Patient Experience, and/or Research & Development team
- Use the UK Health Research Authority (HRA) decision tool to confirm your project type: https://www.hra-decisiontools.org.uk/research/

For research studies, HRA and NHS Research Ethics Committee approval are usually required. These projects may also require additional resources and funding.

Template

Examples are provided in blue text.

1. Title

Provide a clear title describing the service and what is being evaluated.

"Evaluation of shared decision-making in the chronic coronary syndromes pathway"

2. Key Contacts

List the team members responsible for planning and delivering the service evaluation.

3. Background and Rationale

Provide the context of the service evaluation with relevant literature and/or data from the service. Include a description of the service being evaluated, and why the evaluation is needed with reference to local and national drivers (e.g. patient feedback, NICE Guidance for shared decision-making, Care Quality Commission (CQC) surveys and recommendations).

“Chronic coronary syndromes are managed within cardiology services, where patients may be offered options such as optimal medical therapy (OMT) and elective coronary angiography with or without percutaneous coronary intervention (PCI). In many cases, there is no single “best” treatment, and decisions depend on the patient’s values, preferences, and circumstances.

Shared decision-making (SDM) is recommended in national guidance, including NICE guidelines on shared decision-making and British Cardiovascular Intervention Society (BCIS) guidance on PCI, which emphasise the importance of fully involving patients in decisions about their care. Despite this, evidence and patient feedback suggest SDM is not always consistently achieved. Patients may not fully understand their options or feel actively involved in decision-making, particularly in relation to the risks and benefits of PCI.

Within our service, there is currently limited information on how well shared decision-making is being delivered across the elective PCI pathway. A service evaluation is therefore needed to assess current practice, identify variation, and highlight opportunities to improve patient involvement in decision-making.”

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4. Aim of the Evaluation

State what the service evaluation seeks to understand about current practice.

“To evaluate the quality of shared decision-making in the elective PCI pathway.”

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5. Evaluation Questions

Provide specific questions the evaluation of shared decision-making will answer. This could include questions related to information provided, patient involvement, use of patient decision aids, additional phone calls to the service, reasons for cancellations on the day of elective PCI.

- “Can patients access our digital resources?
- What percentage of patients referred for elective PCI accessed the patient decision aid?

- How many patients call the cardiology department for further information whilst on the waiting list?
- To what extent do patients in our service feel involved in decisions about their care?
- What percentage of elective PCI procedures are cancelled on the day of the procedure and why?”

6. Design

Describe the type of service evaluation. This could include retrospective audit of existing data, patient survey, brief interview.

“This is a service evaluation of current practice within the elective PCI pathway. Data will be collected using a short patient survey to understand patient experience of shared decision-making in routine care. An audit of patient phone calls and elective PCI cancellations will be conducted.”

7. Data Collection

Describe in detail the information/data that will be collected, how, when, and by whom. Include the time period of the evaluation. This is a key section and should provide sufficient detail to enable anyone to conduct the service evaluation in the future without the need for further information.

Patient surveys:

- Consider whether there is existing data that could answer the service evaluation question(s). For example, the NHS England Friends and Family Test (FFT) is a feedback tool that collects and publishes monthly data within different NHS Settings, including outpatients. One of the FFT questions asks patients whether they were involved as much as they wanted to be in decisions about their care and treatment. Case studies of how NHS Trusts and primary care practices have used FFT data and feedback to support improvements are published by NHS England.
- Consider using/modifying individual questions from the FFT or CQC surveys:
    - “To what extent did staff looking after you involve you in decisions about your care and treatment?” Response options: A great deal; A fair amount; Not very much; Not at all; I was not able to be involved; I didn’t want to be involved
    - “How much information about your condition or treatment was given to you?” Response options: Too much; About the right amount; Too little; I was not given any information about my treatment or condition; Don’t know / can’t remember

    - “Did you feel able to talk to members of hospital staff about your worries and fears?” Response options: Yes, always, Sometimes, No, never, I had no worries or fears
- Consider how and by whom the survey is given. Patients may be more positive when surveys are provided in person by a clinician; however, anonymous responses are more likely to provide an accurate reflection of patient experience.
- QR codes are a practical method for distributing digital surveys. For paper surveys, provide a secure drop-box or allow patients to return them via an independent staff member (e.g. receptionist).

Interview:

- Interviews can provide in-depth insight into patients’ experiences of shared decision-making within the service. Service evaluation interviews should focus only on the delivery of routine care and not on assessing individual outcomes or generating generalisable findings, as this would be considered research. For example: “Were you able to access the patient decision aid we provided? What could we change in our service to help patients access the information? How involved did you feel in the decision to have coronary angiography and potentially angioplasty? What could we do in our service to help more patients feel fully involved in this decision?”
- Consider who conducts the interview, as power dynamics may influence responses; patients may feel reluctant to be critical if interviewed by the clinician involved in their care. Using an independent interviewer, such as a trained hospital volunteer or administrator, may reduce this risk. Ensure patients are informed about how their responses will be used and stored.

Audit:

- Audit data to understand how the service is currently working and identify patterns of care, patient behaviour or service use within the pathway. Service evaluation audits should focus on describing routine care processes and activity, rather than assessing outcomes.
- Where possible, use existing routinely collected data (e.g. clinic records, waiting list data, cancellations). If relevant information is not already collected, a simple prospective data collection log could be introduced for a defined period.

“Audit data will be used to examine key points in the elective PCI pathway where patients may require additional support with decision-making. Data will be collected on patient-initiated contact during the waiting period following the decision to proceed with coronary angiography ± PCI. The number of phone calls will be recorded, along with the reasons for contact, such as requests for clarification, concerns about the procedure, or uncertainty about the decision. In addition, data will be collected on cancellations on the day of the procedure. The total number of cancellations will be recorded and categorised by reason, including clinical factors, patient choice, did not attend (DNA), and operational issues. As this information is not routinely collected, a simple data collection log will be used and completed prospectively by administrative and nursing staff over six months."

When to collect data:

Patient experiences of shared decision-making can be influenced by treatment outcomes. For example, patients who experience significant improvement following angioplasty may rate the quality of shared decision-making more highly. In contrast, those who experience little benefit may report lower ratings or decision regret.

It is therefore important to carefully consider the timing of data collection. Administering a survey or interview closer to the consultation may provide a more accurate reflection of the patient's experience. After the pre-assessment appointment or day of the procedure (before procedure) are potential timepoints where a survey could be given.

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8. Data Analysis

Describe how the data collected will be analysed to answer the service evaluation aim and questions. Quantitative data from surveys and audits could be summarised using descriptive analysis (e.g. mean, frequency, percentage of patients). Qualitative data from interviews could be analysed thematically to identify key/recurring patterns across patient responses.

"Elective PCI cancellations on the day of the procedure will be summarised as total number and percentage of all planned PCI procedures over a 6-month period. Reasons for cancellations will be categorised (e.g. did not attend, patient change of mind, clinical reasons, insufficient staffing, operational issues, other) and presented as frequencies."

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9. Setting and Sample

Describe where the service evaluation will take place and duration. Explain who will be asked to be involved in the evaluation and how patients will be approached.

"The service evaluation will take place in the cardiology department at [insert name] Hospital over a six-month period. All eligible patients within this period will be invited to complete the survey by a clinical cardiac nurse after their pre-assessment appointment.

Eligibility criteria:

- Adult patients (≥ 18 years) who have a ‘positive’ CT angiogram (i.e. narrowing or blockages in the coronary arteries) indicating suspected chronic coronary heart disease; OR Adult patients with diagnosed chronic coronary heart disease
- Referred or currently on the waiting list for planned coronary angioplasty or planned angiography query proceed to coronary angioplasty
- Adults who are clinically unstable, scheduled for urgent or emergency coronary angioplasty or coronary artery bypass graft surgery, or lack capacity to give informed consent will be excluded. “

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10. Data protection, management and confidentiality

Describe how data will be collected, stored, and managed securely, and how confidentiality will be maintained in line with GDPR and local information governance policies. Only data necessary to meet the aims of the service evaluation should be collected.

Consider how different types of data will be handled:

- Surveys: Where possible, surveys should be anonymous, with no identifiable information collected. If identifying details are required (e.g. for follow-up), these should be stored separately from survey responses and removed or replaced with a unique identifier.
- Interviews: Interview data should be de-identified by removing names or other identifiable details. If notes are taken, avoid recording identifiable information.
- Audits: Use existing data where possible and avoid patient-identifiable information unless necessary. Where identifiers are required (e.g. to track pathway activity), these should be replaced with a unique ID to protect confidentiality.

In all cases:

- Data should be stored on secure, password-protected NHS systems
- Access should be limited to authorised members of the team
- Data should be anonymised wherever possible
- Data should be retained and disposed of in accordance with local organisational policies

Local approval and governance:
Approval for the service evaluation should be sought in line with local organisational processes (e.g. Head of Department, Quality Improvement, Clinical Audit, or Patient Experience teams). You should confirm any data protection or information governance requirements with your local team before starting data collection.

“Survey responses will be collected anonymously, with no identifiable patient information recorded. For interviews, brief notes will be taken and any identifiable details removed. Audit data (e.g. cancellations and patient phone calls) will be recorded using a simple log and patients assigned a unique identifier where needed.

All data will be stored securely on a password-protected NHS system and accessed only by members of the project team. Approval will be sought from the cardiology Clinical Director and Service Manager before data collection begins, and all data will be managed in line with GDPR and local data protection policies.”

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11. Sharing the Results

Describe how the findings from the service evaluation will be used and shared. Focus on how the results will support improvements to the service to help facilitate shared decision-making.

The ‘You said ….., We did …..’ is a good way to show patients how their feedback has changed care and service delivery.

“Findings from the evaluation will be shared with the cardiology team through departmental meetings and summary reports. The results will be used to identify areas where shared decision-making can be strengthened within the elective PCI pathway. A summary of key findings and actions will be shared with patients on notice boards within the department using *“You said…, we did…”* approach, to demonstrate how their feedback has informed improvements.”