EEiC Evidence and Ethnicity in Commissioning

Coding Schema for Interviews (operationalised in excel)

(1) Background and Summary

1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8	1.9	1.10
ID	General	Relevent current and former organisations and roles	Personal/professional relationship to the issues			Key relevant themes/messages from the interview				Gaps, Silences or Inconsistencies
			Commissioning	Evidence	Ethnicity	Race equality agenda	Commissioning for BME	Evidence on ethnicity	Other	

(2) Commissioning (General)

2.1	2.2	2.3	2.4	2.5	2.6	2.7	2.8	2.9	2.10	2.11	2.12	2.13	2.14
ID	General	Aims, purpose and role	Role, place or prominence of evidence	Process descriptions (any type of commissioning; variability)	Responsibility, Accountability and Leadership	Drivers and Prompts to action		Skills, Competencies and Attributes (individuals and teams)	Degree and types of influence on shape and quality of services	Outcomes, targets, indicators (criteria for success)	Key actors, relationships or partners (including communities)	Barriers/supports to 'effective' commissioning (people; processes; structures; tools/techniques)		Examples
					Individuals	Organisations						Barriers	Supports	

(3) Evidence mobilisation and utilisation in commissioning (General)

3.1	3.2	3.3	3.4	3.5	3.6	3.7	3.8	3.9	3.10	3.11	3.12	3.13	3.14	3.15
ID	General	Types of information/ evidence/ knowledge	Extent of evidence use	Key evidence characteristics				Application of evidence			Responsibility, accountability and leadership	Understandings of effective evidence use	Barriers and Supports to effective evidence use in commissioning (people, processes, structures, networks, tools, techniques)		Examples
				Quality/ Rigour	Relevance/ Utility	Bias/ Perspective	Other	How (Influential/ Conceptual)	When & Who	Impact (or lack of)			Barriers	Supports	

Coding Schema for Interviews (operationalised in excel) cont/

(4) Understanding and addressing the race/ethnic diversity and equality agenda (General)

4.1	4.2	4.3	4.4	4.5	4.6	4.7	4.8	4.9	4.10	4.11	4.12
ID	General	Understandings/ constructions of race/ethnicity (health needs, experiences, entitlements)	Depth of engagement (with ethnicity and change over time)	Responsibility, Accountability and Leadership	Drivers and Prompts to action	Approach types (responses: mainstream or specfic, users or providers targeted)	Making the case for considering ethnicity	Racism/ exclusion (active, passive, denial)	Emotions	Barriers and supports to sustained attention (people; processes; structures; tools and techniques)	
					Individuals / Organisations					Barriers	Supports

(5) Commissioning for multiethnic populations (more general, not around evidence use)

5.1	5.2	5.3	5.4	5.5	5.6	5.7	5.8	5.9	5.10	5.11	5.12	5.13	5.14	5.15
ID	General	Aims, purpose and role	Role, place and prominence of evidence	Responsibility, Accountability and Leadership	Drivers and Prompts to action	Skills, Competencies and Attributes (individuals and teams)	Degree and types of influence on shape and quality of services	Approach types (responses: mainstream or specfic, users or providers targeted)	Making the case (arguing need for service)	Outcomes, targets, indicators (criteria for success)	Use of community engagement (role, type, who instigated)	Barriers and supports to 'effective' commissioning (people; processes; structures; tools/techniques)		Examples
					Individuals / Organisations							Barriers	Supports	

(6) Evidence types in commissioning for multiethnic populations

6.1	6.2	6.3	6.4	6.5	6.6	6.7	6.8	6.9	6.10	6.11	6.12	6.13	6.14	6.15	6.16
ID	General	JSNA	Tools and frameworks that compile or generate data (eg Equality Impact Assessments)	Ethnic monitoring, Patient Profiling, Routine service statistics	Population data: eg census, surveys	Patient, User or Carer feedback (service based)	Community engagement or consultation	Practitioner or clinician experience (informal or formal; word-of-mouth or documented)	Commissioner's own experience	Case studies, best practice examples	Social marketing/ other consultancy	Own research (commissioned or in-house)	Local or regional research (undertaken by others)	National or International research (primary studies; syntheses)	Policy, guidance (DH, Professional Bodies, others)	Examples of evidence use

(7) Evidence characteristics in commissioning for multiethnic populations

7.1	7.2	7.3	7.4	7.5	7.6	7.7	7.8	7.9	7.10
ID	General	Content and focus (e.g. clinical; social)	Format, Medium or Presentation	Source (both originator and introducer)	Availability and accessibility (quantity, location, intelligibility, lack)	Quality (rigour, depth, richness)	Credibility; authenticity; bias; perspective	Relevance and importance (utility; transferability)	Costs (generation, access, or use)	Feeding back our own project (advice on getting best impact - dissemination)

Coding Schema for Interviews (operationalised in excel) cont/

(8) Evidence in commissioning for multiethnic populations: evidence journeys (who, where, when and why as well as what is (done or not done))

	8.1	8.2	8.3	8.4	8.5	8.6	8.7	8.8	8.9	8.10	8.11	8.12	8.13	8.14
ID	General	Impetus (how initialised, realised need)	Responsibility, Accountability and Leadership	Generation/ mobilisation/ accessing (including turning data into information)	Appraisal/ assessment (explicit/ implicit)	Synthesis/ integration (issues of conflict and complementarity, balancing)	Adaptation/ presentation (inc. transferring/ extrapolating/ adjusting)	Application		Contestation/ Challenge	Impact/ Effects (degree and type; link with other factors that encourage/ discourage action)	Barriers and supports to effective use of evidence in this area (people; processes, structures; networks; tools/techniques)		Examples
								How (Influential, conceptual, instrumental, other, post hoc)	When, where, by who?			Barriers	Supports	

(9) Wider context and environment (influencing evidence use in commissioning for multiethnic populations)

	9.1	9.2	9.3	9.4	9.5	9.6	9.7	9.8	9.9	9.10	9.11	9.12	9.13
ID	General	Organisational context				Local context				Wider setting: regional; national; international			Responsibility, Accountability and Leadership (any scale)
		Structures/ Processes	Values/ Culture/ worldviews	Expertise/ Insight	Strategy/ priorities	Local politics	Local strategies/ policies	Partnerships/ organisational relationships	Local people; communities	National legislation & policy	Societal attitudes and media	Others	

(10) Past and future: opportunities and threats

	10.1	10.2	10.3	10.4	10.5	10.6	10.7	10.8	10.9	10.10	11.11
ID	General	GP commissioners (and consortia)	PH moving into LAs	Responsibility, Accountability and Leadership	Health & Wellbeing Boards	Disbanding of PCTs (and clusters)	Budget cuts	Changes to infastructure (national or regional, increased localism)	Implications for ethnicity	Barriers/ opportunities	Other issues and key quotes

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Phase 3: Observation Guide - 1

1. Look back at the summary tables we prepared to guide our data generation in this phase. Bear in mind the following key areas that we are trying to understand at strategic level:

2. Use a system for taking notes that you are comfortable with - we do not need to be prescriptive here. You may like to record almost everything that is said and then type it up later in a sensible order, adding in codes/themes as you go. Alternatively, you may like to prepare a sheet of paper (possibly A3) on which to record observations. An example is given below.

3. Stick to a standard system for recording your notes, so that you can distinguish later between:
- direct verbatim speech e.g. use ".....",
- paraphrased comments from participants, e.g. use SS said xyzxyz
- your own, direct comments on the conduct of the meeting, e.g. the group discussed this issue for a long time and everyone participated in the debate.
- your own, interpretive comments e.g. use square brackets [This makes me think of xyz, I feel that SS is not saying everything she wants to here]

4. Look and listen carefully, paying attention to the following:
- Who is present, what is their role, who do they represent, how do they self-identify?
- How is the meeting run? What level of participation is there? How engaged do people seem to be? How important does the meeting content seem to be to those who are there?
- Are documents referred to? Are these circulated? What is there significance?
- What is the business of the group today? How does this relate to earlier/later meetings? How does this relate to the stated TOR for the group (if there is one)?
- How do people relate to one another? Formal/informal? All well-known to each other? Do people challenge each other?
- To what extent is the meeting about: 'rubber stamping' decisions already taken; sharing information, general updating; and/or working through issues together and taking decisions collectively? How much of the 'real work' gets done here or rather elsewhere?
- Are there particular individuals pushing a certain agenda (ethnicity or other pet projects)?
- Is fatigue or stress evident in the transactions between members of the group?
- Who is taking actions away from the meeting? Are there individuals who tend to action more work than others? Why?
- Do people in the group have many other roles or interests that are not part of their role in this group?
- Is there discussion of responsibility? Where does this seem to lie for ethnicity or general performance?
- What can you pick up through the meeting about people's understandings of: ethnic diversity and inequality; the nature of commissioning; evidence/knowledge and its use? Is there are collective 'discourse' around these areas or some dissonance?
- What can you learn about drivers/priorities/reference points that the group are working to? Is there obvious influence of national policy? Local strategy?
- Are there particular people in the group who raise issues of (ethnic) equality?
- Are there particular people in the group who raise issues of evidence use?
- How do people in the group talk about other colleagues - those senior/junior, in other organisations or roles? Do they understand their priorities and constraints?
- What are relationships like between clinicians, PCT directorates, LAs, providers, service users in this group? What can you learn about these relationships more generally?
- Does the group compare how commissioning is done or evidence/data is used in other organisations or commissioning teams?
- What is driving delivery, desire for performance or risk of falling behind (carrot or stick)?

5. After the observation episode, take some time to expand on and type up the notes. It may be helpful to look back over the questions above and add in any additional comments/thoughts that come to mind.

Phase 3: Observation Guide - 2

Case study:_____ Meeting/group name:_____ Date:_____ Location:_____

People present (role/remit):_____

_____

CONTENT [& INTERPRETIVE COMMENTS] - record both general observations and those that relate more specifically to issues of ethnicity

Commissioning - general	Elements of the commissioning cycle	Race/ethnicity/(in)equalities
Team/group make-up and dynamics (commissioners), plus internal networks	External partnerships/ relationships	Drivers/priorities
Leadership/champions	Skills, confidence, competence	Evidence/data/knowledge - journeys
Other:		

Phase 3: Observation Guide - 3

BROADER REFLECTION & FOLLOW UP

Key themes in common with earlier work in this case study
Persisting gaps and areas to think about more
Confusions/ areas in need of clarity - how will you seek this clarity
Issues arising that need to be followed up e.g. documents to source, people to contact
Were any issues taken outside the meeting for further work - are any of these particularly pertinent, do you need to pursue any of these, seek access to do so?
Did my presence make a difference? Were things said that might not otherwise have been? Were people reluctant to speak?

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Phase 3 Document Extraction Template

Case study and site		
Name of document:		Document # (case study documents should be given a number and a list of all document consulted kept):
Author or originating group	Date	Type of document (report, minutes, contract, policy, data)

Document content
[Answers to this section should be completed following a careful reading and annotation of the document]

Give a brief summary of the content of the document. What is it about?	
Which aspects of commissioning work does the document relate/refer to? (e.g. needs assessment; strategic planning; reviewing provision; designing services etc.)	
What seems to be the main aim of the document? Who are the intended audience(s)?	
How is ethnicity described in the document? What understandings of ethnicity and its links to healthcare use and health outcomes are suggested by the document? (extract relevant sections; note any definitions, categories, terms employed;)	
What (if any) data/evidence/information/insight is presented in the document on ethnicity/ethnic inequality and how is this presented? [local/national, qual/quant, data source & type, extent of analysis etc.]	
What (if any) issues of data quality/credibility/completeness are raised in the document in relation to the ethnicity evidence?	

What evidence on other equality issues presented? Is there a difference?	
Does the document reveal anything about the organisational structure, culture, process or resources in the organisation or team? [particularly relating to evidence and to ethnicity]	
What understandings of commissioning tasks/processes are suggested by the document? Does the document reflect or suggest a particular model commissioning?	
What (if anything) does the document reveal about how evidence is mobilised and used, and the people involved in this mobilisation and use (including their skills)? [both generally and in relation to ethnicity]	
What other documents, data, policy or sources are referenced in the document? [local documents as well as those from elsewhere; generally and in relation to ethnicity]	
Does the document reveal anything about drivers/prompts to action? Are there obvious influences from policy / other agendas (even if not explicitly mentioned)?	
Is there a particular course of action specified or suggested in the document? In particular, is any case made for action/investment/ disinvestment in an area of work? If so, how is the case made? [generally and in relation to ethnicity]	
What are your comments on the quality and completeness of the document? [Are there obvious gaps or things that could have been drawn on - particularly in relation to ethnicity?]	

Document journey, relevance and impact *[Answers to this section will require cross-referencing to interviews, observations and other documents]*	
What are the origins of this document? Who has contributed to its production and through what processes? Who introduced the document to the group, how were people made aware of it?	
What role(s) has the document had in relation to this commissioning team/arena? Is this document influential? Why? Is it a 'living document' - regularly referred to?	
How was the document received by different actors? Were aspects of the document challenged or supported? In particular, were data/evidence/insight contested, how and why?	
Does this document reflect the discourse in the wider case study? Or are there apparent contradictions/conflicts?	
Where else has this document gone (within and outside the organisation) and for what purpose? With what impact? [document journey]	
Does this document and its journey tell us anything about leadership and/or roles and responsibilities in relation to evidence and/or ethnicity?	
Does this document and its journey tell us anything about the different uses of evidence within commissioning processes?	
Does this document and its journey tell us anything about the skills, confidence and competence of commissioners to engage with evidence and ethnicity agenda?	

Does this document and its journey reveal any elements of good practice? And/or factors that have supported/encouraged commissioners to engage with (i) evidence and/or (ii) ethnic inequalities?	
Any other comments? Including areas of uncertainty.	

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SUMMARY TABLES SHOWING PHASE 2 EMERGING FINDINGS, GAPS, RESEARCH QUESTIONS AND FOCUS FOR PHASE 3

Overview:

1. We have agreed that in the Phase 3 case studies we need to both (i) test the emerging findings from Phase 2 and fill gaps, and also (ii) increase our focus on identifying routes to better practice (in terms of critical use of research evidence on ethnic diversity and inequality alongside other types of knowledge).

2. The intention is that by generating (i) a good understanding of the barriers/obstacles and the broader context within which commissioning work takes place, plus (ii) detailed descriptions of a number of areas of activity where practices are more developed / things seem to be working well; we will be in a position to develop tools/interventions that are grounded in our research evidence and theory-based, and thereby more likely to be relevant and useful.

3. We agreed that in this Phase, rather than conducting all the interviews and then looking at what we have compiled to draw out themes, we need to engage in a more iterative process with team members engaging in analysis, interpretation and identification of gaps as the case studies proceed. This is clearly more challenging and requires us to communicate effectively as a team so that each data collection activity builds on those that have gone before and we use our resource efficiently to develop a comprehensive picture.

4. The following tables are intended to provide a reasonably accessible summary of what we know so far, as well as to keep us focused on our research questions and ensure that our data collection efforts are directed appropriately over the next 4-5 months.

5. Inevitably, these tables are not completely comprehensive. It will be particularly useful to add in additional emerging findings or areas of uncertainty/gaps that relate to each particular study site.

[1] Functional commissioning (focus on obstacles, enablers, opportunities to intervene)

	Findings to confirm; Gaps to fill (IN CAPS)	Research Questions to have in mind	Look for / ask about
Strategy & Planning:		- Is the accessing and using information relating to ethnic diversity and inequality part-and-parcel of broader evidence gathering exercises for commissioning, or is it rather distinct? - What factors prompt managers to seek out research (and other types of evidence) relating to ethnicity? - How often, and at what stages, do managers apply research evidence relating to ethnicity in their commissioning tasks? - How does research (and other) evidence relating to ethnicity get into the commissioning process? Who? How? Can these be supported? - Who and what present barriers against enhanced mobilisation and utilisation of evidence on ethnicity? *General issue to bear in mind*: are the barriers/supports generic or specific to our focus on ethnic diversity and inequality?	
Needs assessment	-JSNAs & other HNAs lack detail on ethnicity though not absent – but respondents question link to action - Evidence of need brought by VCF orgs may be contested		-E.gs of good, BME-explicit HNAs-Why? Who? How? Impact on decisions?
Review service provisions	-EqIAs variable, often ineffective; Eq Audits not done -Routine ethnic monitoring often poor; Qs often not asked on ethnicity, but some areas of good data collection & use -Patient satisfaction data/complaints not linked to action		-E.gs. of good ethnic monitoring-Why? How? -When/why people ask for ethnicity data; when/why not asked/left missing
Deciding priorities	-Limited influence; momentum of historical contracts; QIPP has led to some re-allocation; some entrpreneurial - National directives useful; local politics can prompt - Fear of failure – avoidance of targets in this area		-Instances where BME entitlements questioned/work not taken forward despite compelling evidence - Instances where clear BME targets, Why? Who?
Procurement & contracting			
Designing services (& committing resources)	-Perceived limits to influence over providers; confusion/conflict over areas of responsibility **- ENTITLEMENTS/DISCRIMINATION?** –addressing BME needs often seen as additional/special/extra, costly and therefore not pursued "people don't want to go there" -Some feel lack evidence on how to respond, effectiveness		- E.g.s. of transformational commissioning - E.gs. of instrumental evidence use in service design for BME needs led by commissioners - E.g.s where resources have been leveraged for BME-specific or BME-inclusive work -E.g.s where research evidence is drawn on; Why?
Shaping structure of supply	- Service specs can be tool, as well as contract variations etc. but often not specific wrt ethnicity; few KPIs on ethnicity; blanket statements not enforced; commissioners wary of challenging large provider organisations -BME/VCF orgs seen as compromised; struggle to bid; but LAs more involved in co-production/developing market than PCTs		-E.gs. of co-production of services to meet BME need; - Egs. of challenging providers on this agenda
Plan capacity and manage demand	-QIPP attempts to manage demand may discriminate-no checks – A&E work focused on this area. – Perception that BME people are heavy or inappropriate users **AREA WE UNDERSTAND POORLY? RELEVANCE?**		Understandings of 'demand management' and work that is pursued under this term.
Monitoring & evaluation			
Support patient choice	-Responding to minority needs equated with extra cost AREA WE UNDERSTAND POORLY? RELEVANCE?		-Understandings of patient choice agenda and how this relates to other commissioning drivers
Manage performance	- Eq Audits not done; KPIs not ethnicity-specific -Routine ethnic monitoring poor; Qs not asked re. Ethnicity		-E.g.s of breaching contract related to BME; E.g.s of commissioners working to improve services
Seek public/patient input	-Distance from BME communities (PCT>LA); PPI focused on managing self-image rather than engaging meaningfully		-Factors that enhance BME engagt/input and trusted relationships
Links/gaps between functions	-Transactional dominates, transformational only certain areas -Needs assessment often stands alone, JSNAs lack link to action, -Data availability/possibilities not widely understood; PH and performance data disconnected; -Analysts vary in pro-activity vs. responsiveness		-People/processes/structures that link things up more effectively or make connections; also blocks - Instances of external challenge / asking questions that force more holistic approach

[2.1] Organisational cultural and structural factors: resources, processes, people, relationships (focus on obstacles, enablers, opportunities to intervene)

	Findings to confirm; Gaps to fill (CAPS)	Research Questions to have in mind	Look for / ask about
Organisational structure, culture, processes and resources:			
General	-attention to ethnicity not mainstreamed, ad hoc, not priority, no reward or sanction; 'nobody loses job over inequalities' WILL EDS MAKE A DIFFERENCE TO THIS?	- Do commissioning organisations have explicit models, structures, norms and objectives that support evidence use? Do these consider ethnicity?	-occasions when ethnicity work has been showcased/prioritised/rewarded-Why? -arguments used to make the case/frame issues
Leadership	-inclusive leadership crucial but rare - need connection to issues among senior leaders -BME staff can be reluctant to champion -E&D staff not senior enough to have clout		-senior staff who are allies of agenda – Why? How been brought on-side? - staff who do champion – what helps them? What strategies do they adopt?
Organisational structure and culture	-obedience to national directives that carry sanctions so other issues sidelined -reluctance to reveal failure (avoid BME targets & data) -hierarchies mean gap between doers and strategists that block information flow -PCT (?LA ALSO) culture presents providers as 'opponents'	-How does managerial behaviour support or discourage explicit consideration of research evidence relating to ethnicity by commissioners?	-strategy documents explicit wrt evidence and/or ethnicity. Origin? Impact? - Areas of work with explicit BME targets. Impact? Real challenge against these?
Understandings of & attention to ethnicity	-complacency 'bubble of fairness & inclusion' -aversion to focus on ethnicity; ses/geog focus preferred -homogenisation; focus some 'groups' and not others - some recognition of complexity but little serious engagement – little appetite for conceptual knowledge [AN AREA TO UNDERSTAND MORE?] -PREDOMINANT FOCUS ON CULTURE?	-How does infrastructure and resources support or discourage evidence use on ethnicity?	-Factors that shift key actors' attitudes and understandings - Understandings of ethnic diversity and inequality; what discourses are out there? [HOW DO THEY VARY ACROSS OUR SITES?]
Location of/resource for E&D	-few, isolated staff, not enough clout (but also variation across our sites in location, history etc.) MORE DETAIL USEFUL -distance core work of commissioning [BUT LESS SO IN LA?] -lack of evidence skills can be a problem, lower credibility [TRUE?] -ROLE OF PH IN SUPPORTING/UNDERMINING EQUALITIES	-Thinking about tools/ interventions to support (research) evidence use – what will increase their relevance and utility?	-extent to which E&D has linked to this area of work why/why not? –perceptions of E&D role -instances when E&D has got closer –factors that have supported E&D staff to have wider influence
Evidence use generally; evidence-informed commissioning	- Evidence-use is a prominent discourse, increasingly so in economic squeeze, but patchy in practice; varied sources/types - Mobilising and applying evidence not seen as 'day job' for all commissioners; some uncertainty over whose responsibility -Little use of primary research evidence, but commissioners may have 'favourite' sources; long-term rels. with academics can change this; local evidence may be used, esp. if commissioned - Reviews and syntheses valued – easily accessible - Case studies/best practice examples; site visits etc. – tend to look to nearby places to see what has worked and support own decisions [NEED TO KNOW MORE ABOUT WHAT PROMPTS SYSTEMATIC EVIDENCE MOBILISATION][MORE ON WHETHER AND HOW EVIDENCE IS APPRAISED]		- Engagement with research at different points in the cycle – not just for 'solutions' but also for describing and understanding inequalities? What? How central to 'day job'? -Connections /relationships to organisations & researchers –Value placed on evidence of different types , role played in commissioning decisions
Tools, toolkits, organisational change interventions	-Lots of these around; varied origins; many not used or die out -Varied opinions as to usefulness - Some are promoted [UNCLEAR HOW THIS HAPPENS] - Need to respond to recognised weakness/need; to address questions that are being asked		-E.g.s of tools/toolkits that are used – Why? Impact? Is it content, format, provenance?

[2.2]Organisational cultural and structural factors (continued)

	Findings to confirm Gaps to fill (CAPS)	Research Questions to have in mind	Look for / ask about
Teams/commissioning entities	-Very varied entities in which commissioning work achieved; often purely transactional, but also teams doing more transformational work in each of the 3 sites - Enthusiastic sign-up to WCC, cross-directorate matrix working but still variable skill mix, PCGs, ↑PH input - Having a multi-profess mix e.g.LA and NHS, often valued - recognition that provider input very important [though variation in relationships and how managed] - Having BME 'experts' can mean others silenced and/or avoid responsibility NEED TO UNDERSTAND MORE ABOUT HOW MEMBERSHIP OF COMMISSIONING TEAMS IMPACTS EVIDENCE USE	- How are commissioning teams constituted and organised? Impact on evidence use? On ethnicity focus? - Who is seen to hold expertise and insight on ethnic diversity/inequality? Why? - What mental models of 'how research evidence should be used' are managers working with?	- Who makes up the team and why? Gaps? What roles do people adopt and why? Impact this has on our area of interest? - Shared versus individual responsibility; shared versus individual competence - Instances where the team/group has recognised weaknesses and/or draws on wider expertise -Role and relationships with providers -Involvement of users and public – sustained, transient, degree of influence?
Individual commissioner skills and behaviours	-Fear & uncertainty on ethnic diversity; feels like hard work, fear of getting it wrong -Variable confidence/competence with data and evidence; not thought to be core commissioner skill by some [NEED TO KNOW MORE ABOUT EVIDENCE SKILLS AMONG COMMISSIONERS & HOW TO SUPPORT] - Awareness of varied uses of evidence/ knowledge but 'straightforward' instrumental seen as most legitimate [?] - Awareness that, despite rhetoric of evidence-informed commissioning, decisions may be taken on weak evidence; BUT lack of evidence felt to undermine arguments in favour of increased BME attention [NEED TO KNOW MORE ABOUT WHY THIS IS THE CASE AND HOW TO COUNTER] - Idiosyncracy in approach to commissioning work, highly dependent on individual interests and skills [PERHAPS NOT THE CASE IN MORE FOCUSED AREAS OF COMMISSIONING OR CENTRALLY-SUPPORTED INITIATIVES WHERE MORE STRUCTURE IMPOSED?]	- How competent are managers to (i) identify and access, (ii) critically appraise and synthesise; (iii) adapt and apply, evidence on ethnicity? - What individual level factors facilitate or hinder research evidence use in this area? (knowledge; skills; 'mental maps'; biography etc.)? - What areas of capacity development would improve individual and team-level competencies?	-How people talk about evidence use / evidence-informed commissioning; how aware of the different ways it may used are they? How consciously do they employ different uses? Attitudes to these uses? -Whether and how people/documents talk about ethnic diversity and inequality; needs of BME groups, service responses etc. - Whether and how people talk about evidence/data and research within commissioning work. -Degree of sophistication of documents produced, analysis etc. –Whether and how they seek guidance and support on these issues? Who from? –Factors that have increased individual interest, confidence and/or competence in these areas
Networks/ relationships (internal)	-Silo working; expertise often not shared on BME issues [LINKED TO LACK OF REWARD FOR THIS AREA OF WORK?] -Role of PH in commissioning varies across 3 sites [IMPLICATIONS FOR ATTENTION ETHNICITY & RESEARCH?] -Inter-personal relationships important and can determine input on particular issues for particular pieces of work rather than protocols/structures		-Role of PH in commissioning -Instances of positive networks and relationships that have furthered work on these issues -Instances of sharing skills and expertise in this area (or other areas) – what prompts this? What is reaction? Impact?

[3]Evidence, information, insight and data on ethnic diversity and inequality

	Findings to confirm; Gaps to fill (CAPS)	Research Questions to have in mind	Look for / ask about
Evidence types/sources & characteristics	-Ethnic monitoring data often thought of first by respondents; often felt inadequate; little progress over time [FACTORS SUPPORTING IMPROVEMENT] -National level data useful on shape/scale of inequalities but used by few commissioners to fill local gaps [TRUE?] -Experiential knowledge/evidence use of both providers' and commissioners'; 'art and science'; contextual understanding. -Case studies/best practice often sought out -Benchmarking – not generally produced on ethnicity, but some in PHO indicator sets/analyses [ANY USE OR IMPACT?] -research evidence inaccessible; lack of effectiveness/cost-effectiveness evidence though felt crucial to make case; research seen to carry weight/credibility; – reliance on syntheses/guidance but these lack ethnicity detail – community perspectives felt impt but difficult to access	- What characteristics of research evidence relating to ethnic diversity and inequality influence how it is received by managers? (e.g. source; method, (un)certainty; relevance; concepts/theory) - What expectations do commissioners/ managers have of, and what problems do they encounter with, the evidence base? - How often, and at what stages, do managers apply research evidence relating to ethnicity in their commissioning tasks? - How does research (and other) evidence relating to ethnic diversity and inequality get into the commissioning process? Who? How? How can these be supported? OVERARCHING: Thinking about tools/ interventions to support (research) evidence use – what will increase their relevance and utility?	-People's attitudes and behaviours towards different types of data sources; values expressed; evidence types accessed and used; -Instances where good ethnic monitoring and analysis has informed commissioning; why? Involvt of providers and commissioners? - Evidence of national level data on prevalence, service use etc. being used to fill local gaps -Extent and role of evaluation in shaping service devt. For BME needs
Evidence Journeys	SO FAR WE HAVE SNIPPETS THAT ILLUSTRATE SOME OF THE IMPORTANT ISSUES, NEED MORE DETAIL		Relevant documents to be identified and tracked in each site
Instigation/Generation/ Mobilisation	-Some examples where commissioners have instigated new data generation on ethnicity and/or undertaken reviews/syntheses to inform action focused on BME -Internal structures/relationships/resources can limit access to data and analysis;		-What prompts action towards seeking out/generating relevant evidence? What makes people ask the questions? -Instances where effective join up and pro-active sharing of data and analysis; why?
Critical appraisal/contestation ?? others here	-Evidence from VCF may be contested, perceived vested interests - Issues of transferability raised, can ↓use [HOW SIGNIFICANT?] -Burden of proof may be higher for BME related evidence [TRUE?] since may imply additional costs -Instances found of compelling evidence not acted on [NEED TO UNDERSTAND MORE ABOUT WHY? WHAT WOULD PUSH ACTION]		-Instances where learning from other places been effectively used to inform action; and whether formal research or best practice approach; why? -Instances where VCF knowledge inputs valued and used; why?; Where VCF orgs have solid evidence skills;
Ways in which evidence used & degree of impact	-FEW E.G.S SO FAR OF INSTRUMENTAL EVIDENCE USE IN RELATION TO SERVICES, i.e. SOLUTIONS, WHAT SHOULD BE DONE TO IMPROVE FOR BME [MINI CASE STUDIES] -Commissioners are alert to varied ways in which evidence used and contingent nature of evidence impact (e.g. weak evidence may be impactful in right hands or certain audience) - FEW EXAMPLES OF CONCEPTUAL EVIDENCE USE IN CONNECTION WITH ETHNICITY/INEQUALITIES -Several examples of evidence being used to seek to influence, to leverage attention; some feel still need to make the case -TO WHAT EXTENT IS LACK OF EVIDENCE ON HOW TO RESPOND THE BARRIER TO ACTION – varied opinions in last phase; people/orgs at different stages of engagt with issues; blocks		-Instances where (research) evidence has been used to shape services in an instrumental way -Different ways of using evidence; who and how consciously? -Instances where local actors seek to shift thinking by using evidence in conceptual ways. -Identify the real blocks to action – is lack of evidence the problem, is this about accessibility; skills/resources to locate; perception of relevance; real dearth?

[4]Wider commissioning context (focus on obstacles, enablers, opportunities to intervene)

	Emerging findings to confirm/Gaps to fill (CAPS)	Research Questions to have in mind	Look for / ask about
Public discourses	NOT MUCH ON THIS SO FAR. PERHAPS INFLUENCES ARE SUBTLE. LOCAL AND NATIONAL DISCOURSES RELEVANT. -Noted that increased focus on new migrant White minorities – SEEN AS MORE PROBLEMATIC THAN ESTABLISHED GROUPS?	- How do national, regional and organisational policy priorities inter-relate to shape the mobilisation and utilisation of evidence in this area? - What factors in the wider societal and broader NHS context must be buffered against, or can be drawn upon, to support the routine, critical use of research evidence in commissioning for multiethnic populations? OVERARCHING: Thinking about tools/ interventions to support (research) evidence use – what will increase their relevance and utility?	-Ways in which people locally construct issues of ethnicity, diversity and inequality, entitlement etc. Listen to informal conversations; look at how documents deal with these things; local events/issues wider than healthcare
National Directives	-People feel these are important to make progress; e.g. mental health had strong national focus on BME and resources flowed; legitimises local attention -charities and foundations can be influential too through bringing evidence, though not very evidence in our area[??]		-EDS – how and to what extent is this being responded to? At what level? Who is feeling its influence? Will it be driven from the top?
Regional and national relationships	-SHAs have been influential in supporting agenda -PHOs also impt but LHO far away -Regional networks useful; initiatives like the NSTs also helpful to focus activity and give external challenge – key factor in getting action		-Opportunities for regional networks to survive post-structural changes; opps for E&D focus
Local networks/relationships			
Big providers	-Dominant theme is that providers hold the power; PCTs as nervous and weak commissioners; but small areas of work where good relationships and transformation has happened		-Instances where providers have been on board with inequalities issues, action resulted -Instances where commissioners have challenged providers on this agenda
GPs	-varied rels with PCTs; distance from LA -PBC experiences [MORE ON THIS IN DIFFERENT SITES??]		-GPs as providers not only new commissioners; instances where GPs have prompted attention
VCF organisations	-Current review of VCF contracts shift block contracts to service specs; BME orgs disadvantaged		-Instances where VCF orgs addressing BME needs are effective actors in commissioning arena
PCT-Local Authority	-joint commissioning grps viewed positively [OTHERS?] -PCT staff see LA as better at E&D, more core [OTHER?] -external challenge felt important to shift practice		-Instances where LA-PCT joint working has meant better attention to ethnicity -Opportunities for taking best from both organisations to improve practice
BME users and public	-PCT commissioners often seen as distant [ALL SITES?]; -Lack of coherent voice for BME issues[OTHERS?]		-EDS experience; will this be lever for engagt. -Instances where commissioners have trusted, meaningful engagt with BME users/public -Local networks/orgs that organise BME interests
Research community	-E.G.s of sustained researcher-commissioner rels being helpful; - Peer networks influential; CLINCIAL RESEARCHERS MAY CARRY GREATER WEIGHT? -VARIATION ACROSS OUR SITES IN RELNS		-Instances where ongoing relationships with researchers; How? Why? Roles? -Instances where clinicians also research active and have links to commissioners
Future structures	-varied opinions, lots of pros and cons identified -general feeling that things will move back wrt inequalities work -current use of DH produced tools to shape new structures – lack of focus on inequalities		-Opportunities for project to influence CCGs, HWBB, JSNA; -Opportunities to maintain links to individuals who will become 'commissioning support' and PH in local authorities.

EEiC Evidence and Ethnicity in Commissioning

Phase 3 Operational Case Study Data Collection Summary Form

This form is intended to provide a comprehensive list of all data sources drawn on for this operational case study. Please give enough detail about where, who and when data collection was conducted . Please provide full details of any documents examined and ensure we have a weblink or that the document is archived on our sharepoint site.

Case study and site	
Researchers:	
Overview of data collection approach, scope and time period:	

Interviews completed: (INCLUDE ALL THAT HAVE RELEVANCE e.g. Phase 2, Op case studies; and specific for strategic level)

Designation/role	*Date*	*Transcript/notes available*	*Coded?*

Documents reviewed:

Title	*Dated; author*	*Copy archived/URL*	*Coded /summarised?*

Observations:

Description	*Date*	*Transcript/notes available*	*Coded?*

Group discussions:

Description	*Date*	*Transcript/notes available*	*Coded?*

Other:

Description	*Date*	*Transcript/notes available*	*Coded?/ summarised*

Commentary on data quality, quantity, completeness, gaps, uncertainties etc.

EEiC Evidence and Ethnicity in Commissioning

Phase 3 Operational Case Study Narrative From (links with Data Collection Summary form and Theme Form)

THIS FORM IS INTENDED TO HELP YOU RECORD THE 'STORY' OF THE CASE STUDY. IT SHOULD BE USED AS A PROMPT AND SHOULD NOT BE PRESCRIPTIVE. DO NOT OMIT IMPORTANT COMMENTS IF THEY DO NOT APPEAR TO FIT THE BOXES - ADD THEM AT THE END.

Case study and site	
Researchers:	

(1) Describe the focus of this case study; what is the area of commissioning work that you looked at? What were its objectives? What did it involve? (to what extent is it a distinct piece of work/project or rather an element of something bigger?)
(2) Describe the stages/phases of this piece of work (some of these may well have occurred prior to your data collection)
(3) Describe the structures within which this piece of work sits within the organisation. (how 'core' did it seem to be? which directorate did it sit in? was it part of a bigger programme of work? did it relate to other areas of work? where did it report to / receive direction from?
(4) Describe any impetus/ drivers / factors that prompted this piece of work and/or shaped its approach (At the start; later on? Was it guided by any framework or model? Think about people, policies, priorities; national and local agendas etc.)
(5) Describe the key actors involved and their contributions to shaping the work (these may well have changed over time; include all that are important; describe people's roles and contributions; their professional identities, experience and skill sets; who is leading? who is contributing? who are the doers? the thinkers? what are people bringing to the work? etc.) (junior/senior; team vs. individuals; etc.) Was there anyone absent from the work who you expected to be involved?
(6) Describe the relationships and networks that have contributed to shaping this piece of work (whether positively or negatively?) Who was pulled in, drawn upon? Excluded, overlooked? (complementarity; conflicts; blocks; joining up vs. silo working; commissioners and providers; etc.)
(7) Describe in general terms the extent to which and the ways in which **ethnic diversity and inequality** were considered within this piece of work (how central? consistent? where and when included?)
(7.1) How was ethnicity understood and worked with in this piece of work? (terminology; how issues/problems defined; how potential solutions defined etc.)

(7.2) Describe the factors that acted as supports in considering ethnic diversity and inequality appropriately in this work (consider factors relating to individuals, teams, evidence, organisational and wider issues; resources, structures, culture)
(7.3) Describe the factors that acted as obstacles to considering ethnic diversity and inequality appropriately in this work (consider factors relating to individuals, teams, evidence, organisational and wider issues; resources, structures, culture)
(8) Describe in general terms the extent to which and the ways in which evidence/information/insight/data played a role in this area of work. Think about: description/explanation/prescription; and also instrumental/conceptual/influential. Think about: how actors talked about evidence use; and also actions in relation to evidence use Think about: different stages in the commissioning cycle/ different elements of commissioning work
General:
Ethnic diversity and inequality specific:
(8.1) patient or community inputs/perspectives
General:
Ethnic diversity and inequality specific:
(8.2) research evidence (new, primary, synthesised)
General:
Ethnic diversity and inequality specific:
(8.3) local service monitoring data (at any stage e.g. needs assessment, performance management)
General:
Ethnic diversity and inequality specific:
(8.4) local population level statistics
General:
Ethnic diversity and inequality specific:
(8.5) provider experience / expert knowledge
General:
Ethnic diversity and inequality specific:

(8.6) national level data / evidence
General:
Ethnic diversity and inequality specific:
(8.7) case studies from here or elsewhere
General:
Ethnic diversity and inequality specific:
(8.8) benchmarking data
General:
Ethnic diversity and inequality specific:
(8.9) others types/sources of evidence/data/information - explain
General:
Ethnic diversity and inequality specific:
(9) Describe any examples from the case study of 'evidence journeys' that were evident - what evidence/information was generated/mobilised, by who, for what purpose, who contested, who supported and so on
(10) Describe in general terms the factors that acted as supports in mobilising and using evidence/ information/data/insight in this case study piece of work (consider factors relating to individual, evidence, organisational and wider issues; resources and skills etc.)
(11) Describe in general terms the factors that acted as obstacles/challenges in mobilising and using evidence/ information/data/insight (consider factors relating to individual, evidence, organisational and wider issues; resources and skills etc.)
(12) Describe the overall management and progress on this piece of work. Were the objectives achieved? Was it performance managed? By who and how? Was there a need to re-focus the work during its lifetime? Why? How was this managed?
(13) Describe any processes of reflection, learning or sharing within or beyond the team that have occurred during / on completion of the piece of work?
(14) What are the outcomes of the piece of work so far? How have these been measured/determined?
(15) Describe any things that you think were done well in this piece of work (general; particularly evidence-related).

(16) Describe any things that you think were done well in this piece of work in relation to ethnic diversity and inequality specifically.
(17) Describe any missed opportunities for improving this piece of work that you noted (general; particularly evidence-related).
(18) Describe any missed opportunities for improving this piece of work that you noted in relation to ethnic diversity and inequality specifically.
(19) Include any further information that is not covered above.

EEiC Evidence and Ethnicity in Commissioning

Phase 3 Operational Case Study Theme From (links with Data Collection Summary form and Narrative form)

THIS FORM IS TO HELP YOU IDENTIFY WHAT THIS CASE STUDY TELLS US ABOUT THE KEY THEMES/ISSUES WE ARE EXPLORING THROUGH THE PROJECT. USE IT IN CONJUNCTION WITH THE SUMMARY TABLES WE PRODUCED AT THE END OF PHASE 2. DO NOT USE IT PRESCRIPTIVELY; FEEL FREE TO ADD IN EXTRA THOUGHTS AND IDEAS. IDENTIFY AREAS OF CONFUSION/UNCERTAINTY AS WELL AS AREAS WHERE YOU FEEL CONFIDENT.

SITE	
Researchers:	
(1) What does this case study suggest about the processes and functions in operational commissioning work? (what are people doing? how are things working? what are people not doing etc.)	*Link to coding scheme from Phase 2:* sheet (2)
General themes/findings	*Key quotes and illustrations from this case study*
General:	
Ethnic diversity and inequality specific:	
(1.1) Strategy and planning (needs assessment; reviewing services/provision; deciding priorities)	
General:	
Ethnic diversity and inequality specific:	
(1.2) Procuring; contracting; (designing services; committing resources; shaping supply; planning capacity and managing demand)	
General:	
Ethnic diversity and inequality specific:	
(1.3) Monitoring and evaluation (patient choice; managing performance; patient/public input)	
General:	
Ethnic diversity and inequality specific:	
(1.4) Operational commissioning: Gaps/uncertainties/inconsistencies/ queries in your data and analysis; things to check out	

(2) What does this case study suggest about the understandings, 'discourses', mental models, ways of seeing the world etc. that shape commissioning work? (include mention of variation in these between individuals and teams etc. as well as commonalities)	*Link to coding scheme from Phase 2:* sheet (2) - 2.2; 2.3; 2.10 sheet (3) - 3.12 sheet (4) - 4.2; 4.8; 4.10
	Key quotes and illustrations from this case study
General themes/findings	
(2.1) Commissioning: what is it? its role? responsibilities? remit? reach? etc.	
(2.2) Evidence and evidence-based working: what counts as evidence? how should evidence be used? what types of evidence use are legitimate? what does evidence-based working look like? whose responsibility is it to bring evidence? etc.	
(2.3) Ethnicity; ethnic diversity; inequality: what is ethnicity? what are ethnic groups? is it a problematic or challenging concept? how is ethnicity linked to healthcare experiences, health outcomes? what aspects of ethnicity-health link are amenable to commissioning intervention? etc.	
(2.4) Understandings and 'discourses': Gaps/uncertainties/inconsistencies/ queries in your data and analysis; things to check out	

3) What does this case study suggest about organisational cultures and structures that shape commissioning work? That support/hamper good commissioning work? Evidence-informed work?	*Link to coding scheme from Phase 2:* sheet (2) sheet (5)
General themes/findings:	*Key quotes and illustrations from this case study*
(3.1) Leadership and management	
General:	
Ethnic diversity and inequality specific:	
(3.2) Structures; organisation of teams, directorates, reporting lines, internal links and networks, roles and responsibilities	
General:	
Ethnic diversity and inequality specific:	
(3.3) Drivers; priorities; what gets attention and resource?	
General:	
Ethnic diversity and inequality specific:	
(3.4) Cultural factors; 'ways of being'; organisational self-identity (what we do well; what we need to improve etc.); principles; professional identities; unspoken norms; what is valued and rewarded; what is reprimanded/discouraged etc.	
General:	
Ethnic diversity and inequality specific:	
(3.5) 'Ways of working'; frameworks; tools; procedures etc.	
General:	
Ethnic diversity and inequality specific:	
(3.6) Aggregate assets: investments; resources; skill sets; competency; morale etc. at the aggregate level	
General:	
Ethnic diversity and inequality specific:	
(3.7) Organisational culture and structure': Gaps/uncertainties/inconsistencies/ queries in your data and analysis; things to check out	

(4) What does this case study suggest about individual level factors that shape commissioning work? That support or hamper good commissioning work? Evidence-informed commissioning work? (think about both influential and effective people as well as those that hamper and block; both those that are thinkers/strategists and those that are doers etc.)	*Link to coding scheme from Phase 2:* sheet (2) - 2.8; 2.11; 2.12; 2.13 sheet (5) - 5.7; 5.13; 5.14 sheet (8) - particularly examples, 8.14
	Key quotes and illustrations from this case study
General themes/findings	
(4.1) Skills, competence, confidence	
General:	
Ethnic diversity and inequality specific:	
(4.2) Attributes; characteristics	
General:	
Ethnic diversity and inequality specific:	
(4.3) Behaviours; ways of working; (Agency - e.g. making the case; influencing; networking; partnering; avoiding rules; realigning etc. plus negative behaviours that hamper and halt progress)	
General:	
Ethnic diversity and inequality specific:	
(4.4) Individual level factors: Gaps/uncertainties/inconsistencies/ queries in your data and analysis; things to check out	

(5) What does this case study suggest about evidence journeys and the ways in which evidence of different types shapes commissioning work?	*Link to coding scheme from Phase 2:* sheet (6) sheet (7) sheet (8)
General themes/findings	*Key quotes and illustrations from this case study*
(5.1) Types of evidence/information sources mobilised and not mobilised (overlooked, absent)	
General:	
Ethnic diversity and inequality specific:	
(5.2) Ways in which evidence/information is used e.g. to describe, explain, prescribe; e.g. to inform direct action; to persuade; to change thinking etc.	
General:	
Ethnic diversity and inequality specific:	
(5.3) Appraisal, assessment, contestation of evidence	
General:	
Ethnic diversity and inequality specific:	
(5.4) Application; connecting; packaging; presenting;	
General:	
Ethnic diversity and inequality specific:	
(5.5) Impact of evidence/information of different types; extent of effect (e.g. post-hoc rationalisation; legitimisation; re-directing / challenging etc.)	
General:	
Ethnic diversity and inequality specific:	
(5.6) Supports to mobilising and utilising evidence effectively	
General:	
Ethnic diversity and inequality specific:	
(5.6) Barriers to mobilising and utilising evidence effectively	
General:	
Ethnic diversity and inequality specific:	
(5.7) Evidence journeys: Gaps/uncertainties/inconsistencies/ queries in your data and analysis; things to check out	

(6) What does this case study suggest about wider influences on the commissioning arena and commissioning work? Evidence-informed commissioning work?	*Link to coding scheme from Phase 2:* sheet (9) sheet (10)
	Key quotes and illustrations from this case study
General themes/findings	
(6.1) Partnerships and networks between local organisations (including new structures)	
General:	
Ethnic diversity and inequality specific:	
(6.2) Patient/public involvement; voice and influence; public discourses	
General:	
Ethnic diversity and inequality specific:	
(6.3) Regional level influences	
General:	
Ethnic diversity and inequality specific:	
(6.4) National level influences	
General:	
Ethnic diversity and inequality specific:	
(6.5) Wider influences: Gaps/uncertainties/inconsistencies/ queries in your data and analysis; things to check out	

(7) In summary, what does this case study suggest about barriers, supports and potential routes of intervention to enhance evidence-informed commissioning that better meets BME needs?	*Link to coding scheme from Phase 2:* barriers and supports coding across sheets (2); (3); (4); (5); (8)
	Key quotes and illustrations from this case study
General themes/findings	
(7.1) Key obstacles to be overcome	
(7.2) Key supports to be enhanced (draw on analogous areas as well as those directly linked to ethnicity work)	
(7.3) Opportunities to intervene; 'weak' points; solutions/approaches; tools or interventions that may help (draw on analogous areas as well as those directly linked to ethnicity work)	
(7.4) Allies and key actors	
(7.5) Wider influences: Gaps/uncertainties/inconsistencies/ queries in your data and analysis; things to check out	