

HS&DR Project: 16/115/18 - De-implementation in health and care services: what works, for whom, why, and in which contexts? A Realist Synthesis.

Stakeholder Interview Schedule Phase 3

Introductions

Thank you for agreeing to be interviewed over the telephone. This interview will be confidential. I have closed my office door and prevented interruptions from occurring.

Placing the study in context

We want to explore your experiences and views of de-implementation of services/treatments/programmes in healthcare [check shared understanding]

Consent

- Have you read and understood the Participant Information Sheet sent to you [insert date]
- Have you had the opportunity to consider the information, ask questions and have you had these answered satisfactorily?
- I am going to read through and ask whether you agree with each point on the study interview Consent Form sent to you [insert date]
- Do you consent to take part in the telephone interview?

Context

Specialty

Employment

Role

Experiences of being involved in de-implementing service/programme/treatments

In our review, we have uncovered evidence about a number of features which suggest what makes de-implementation more likely to work/or not and how this may come about. We would like to ask you about your views/experiences of these features:

1. Making de-implementation easier

1a) Have you been involved/observed strategies that are clearly designed to ease the process?

Prompt: the introduction/alternative of an alternative [service/treatment/programme], Incentives. Financial gains. Deliberate strategies to destabilise the evidence – for example, putting time limits on the validity of guidelines

What was the intent of the strategy?

What impact did the strategy (ies) have on clinicians/patients/etc?

1b) Have you observed/been involved in other approaches to de-implement e.g. doing nothing?

What did this involve –process/protocols etc –Risk containment.

1c) In your experience/observation, does anything about the service/treatment/programme make it easier to be de-implemented?

Prompt: length of use/implementation/location/ people involved/the nature or uncertainty of the evidence/different things may be more or less easy to de-implement (e.g. policies, services, programmes, interventions).

Low-value practices: who defines these? What thresholds are used? How does this shape de-implementation? The conditions for de-implementation requiring support and / or preparation: the role of organisational / service/leadership/the narrative/the degree to which there is a coming together of policy, professional and public opinion.

2. Weighing up the evidence for de-implementation

2a) What evidence sources have you/experienced/observed being used to promote de-implementation? What were your/others' views about the evidence?

3. Human factors around de-implementation

3a) Who/what facilitates de-implementing services/treatments/programmes in your workplace and what is involved? What happens where there are clearly “disinterested parties”?

3b) Can you identify/provide example where vested interest in de-implementation influences the process either positively or negatively?

3c) How is de-implementation “sold” or framed for public/patient representatives and any examples of impact (positive +/- or negative).

3d) Have you used/observed any behaviours/actions and how have they helped get [service/treatment/programme] de-implemented more successfully (or not helped)?
[**Prompt:** naming/shaming/competitive/rivalry/financial control/uncertainty/concerns about e.g. litigation]

3e) Can you think of examples of professional / peer support amongst clinicians/professional groups, how was this influential/helped the process along?

3f) In your experience/observations has public expectations / public pressure been a factor and how has this enabled more successful de-implementation?

3g) In your experience/observations were there examples of patient involvement in de-implementation decisions (importance of professionals' communication skills and patients' trust in clinicians).

Any other comments

Thanks

Next steps

Close interview