How Clinical Commissioning Groups Tackle Health Inequalities: A Qualitative Case Study

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This PhD project aimed to explore how newly forming Clinical Commissioning Groups were tackling health inequalities (if at all) in the United Kingdom. In 2010, the current coalition government was formed between the Conservatives and Liberal Democrats. Policy developments led to a change in the organisational structure of the National Health Service, whereby Clinical Commissioning Groups were introduced and charged with a duty to tackle health inequalities. Health inequalities are frequently referred to within politics, health and research. The complexity of the concept and differences in people's understandings of the term meant that a fundamental element of this project was to explore how individuals and organisations conceptualised health inequalities and how this influenced their approach to tackling the issue. Three Clinical Commissioning Groups in the North of England were recruited, and a qualitative case study was conducted. Research methods included interviews, observations and document analysis. Data were collected over a period of 11 months from January 2012 to December 2012. Health inequalities were found to be conceptualised and tackled differently across the three Clinical Commissioning Groups. There were several common themes that were important to Clinical Commissioning Group (CCG) members when describing their understandings of health inequalities and strategies to tackle the issue. These included history, relationships and the role of Public Health.

Learning Outcomes

After reading this case study, students will

• Be aware of how a case study methodology can be used as part of a PhD project
• Understand how case studies can be used to explore policy research and the complexities within this area of work
• Understand the debate around the benefits of using mixed methods
• Learn the practicalities and timings of gaining ethical approval for a research project
• Understand how working as a lone researcher can impact case study research

Context of the Study

In 2010, the current coalition government was formed between the Conservatives and Liberal Democrats in the United Kingdom. Shortly after this, the *White Paper Equity and Excellence: Liberating the NHS* (2010) was published. This was the starting point for a large variety of policy documents being published relating to the healthcare changes that were to happen within the United Kingdom during subsequent years. These documents referenced the work of Marmot (2010), who highlighted in his independent review the roles of general practitioners (GPs) and local authorities in tackling health inequalities (HIs). The recommended changes weren't well received by healthcare professionals, wider organisations or the public. The documents suggested that local healthcare commissioners, Primary Care Trusts, be abolished and replaced by GP Commissioning Consortia. The purpose of these changes was to include GPs in the decision-making processes about local healthcare provision. An official ‘pause’ in the legislative process was called by Prime Minister, David Cameron, and Secretary of State for Health, Andrew Lansley, on 4 April 2011 lasting for 2 months (Department of Health, The Stationery Office, 2011). Following the pause, a number of amendments to the initial policy proposals were outlined by the Department of Health, The Stationery Office (2011). These included the newly proposed GP Commissioning Consortia being restructured and renamed as Clinical Commissioning Groups (CCGs). CCG Boards would no longer consist of GPs alone; they would involve a wider membership including a nurse representative, a secondary care doctor and two lay representatives. Additionally, the Government took onboard the recommendations of the Future Forum (Field, 2011) to make tackling HIs a duty for CCGs. The Future Forum was established to oversee the listening exercise that was introduced by the Government and to engage with the public and National Health Service (NHS) staff to collect their feedback on the
policy recommendations. The group consisted of people from the health field, voluntary sector representatives, clinicians and patient representatives.

HIs are frequently referred to within politics, health and research. The concept itself is very complex with a wide variety of definitions and understandings that have been discussed within the literature (Acheson, 1998; Bartley, 2004; Dahlgren & Whitehead, 1992; Townsend, 2002). It was acknowledged early on within this project that because of the complexities and variations in people's understandings and interpretations of HIs that a fundamental element of understanding how CCGs are tackling HIs would be underpinned by individual's own and organisational conceptualisations of HIs.

Research Practicalities

The research project was a 3-year PhD programme undertaken between September 2010 and October 2013. Fieldwork was conducted for 11 months from January to December 2012. The following tasks that were undertaken for this research:

- conduct a literature review within the overall policy area
- develop questions that reflected the project's aims, taking into account the changing policy context. This led to several iterations of research questions
- consider practicalities of the project (e.g. number of sites, geographical boundaries and the challenges of being a lone researcher)
- get ethical approval and NHS research governance before the project could be carried out
- gain initial access to sites, including get permission to attend relevant meetings and organise interviews with key people in the organisations
- collect data
- analyse data
- write up the project, including the thesis for the PhD and think about wider publications, for example, academic papers
Research Questions

The research questions chosen for this project were developed before fieldwork commenced and reviewed during the data collection phase. Before data collection began, questions had to be changed several times to reflect the rapidly changing policy environment. And during data collection, questions were developed from ongoing analysis; this enabled new ideas to be developed and followed up while data were being collected.

Questions were initially developed from wider reading on the topic of HIs and policy history in the NHS. Three main research questions were identified; these focused on the wider research themes that had been identified. Subsidiary questions were then developed under each main question. This method of question construction was to help explore a number of factors that were thought to influence the wider research question; it enabled a number of features to be examined within each overarching research question.

**Question 1: What are newly established CCGs doing to tackle HIs?**
- Are HIs discussed in meetings?
- Are HIs naturally included in plans?
- What practical steps are being taken to deal with HIs?
- Who makes the decisions about health inequality strategies?
- Are there individuals with specific responsibilities within the CCG to deal with HIs?

**Question 2: What influences the processes carried out by CCGs when addressing HIs?**
- How do CCGs conceptualise HIs?
- What theoretical approaches do they take?
- How do CCGs explain their understanding of HIs? How do CCGs define their role within the area of HIs?

**Question 3: What are the contextual factors influencing the approaches taken by CCGs to tackle HIs?**
- Organisation
• - What are seen as CCGs priorities while commissioning health services?
• - Where do HIs fit into this?
• - What policy expectations have been placed upon CCGs and what are their understandings of this?

- Relationships
  • - How do relationships within CCGs and with other organisations impact on tackling HIs?
  • - Do local NHS England and local area teams provide governance in relation to HIs?
  • - What roles do GPs take on Health and Well-Being Boards?
  • - How does the history of old relationships impact on the current changes?

- History
  • - How do local histories (past organisational structure, relationships, processes, etc.) impact on the ways in which HIs are tackled?
  • - How do previous NHS reorganisations impact on the current changes?

Research Design

At the time of the fieldwork, CCGs were developing organizations, and there were lots of different policy guidance being published suggesting what CCGs needed to do and how to develop. The main focus of this project concentrated on how CCGs were thinking about HIs and what they were trying to do about the issue. Therefore, the methodology chosen had to take into consideration the wider organisational context. Further to this, wider reading highlighted the importance of relationships and organisational history on the HIs agenda. Previous studies acknowledge that organisational behaviour is determined by the context that it is situated within (Ferlie, 2011). To take into account the contextual factors that influenced CCG development, an in-depth approach was required. Thus, a qualitative case study approach was adopted loosely based on the work of Yin (2003).
Yin (1994) stated that the case study approach allows an in-depth exploration of context. **Figure 1** outlines the approach that was initially selected to explore the proposed research questions. The initial plan was to use a multiple case study model, whereby three cases would be selected, initial site visits would be made for a period of several months followed by a break in the fieldwork when initial analysis could take place. Thus, allowing for any outstanding areas or new themes to be identified and explored further when returning to the case study sites (see **Figure 1**).

**Ethical Clearance**

However, due to a number of practical issues, this model was not used and the project suffered a number of delays because of ethics and research governance applications. To carry out organisational research in the NHS, ethical approval (overall) and research governance (individual sites) are required. Unfortunately, when I began the ethics process for this project, the NHS was being restructured, which impacted on the original timings of the project. Ethical approval was required from the University of Manchester, and the process consists of supplying project information to a research ethics committee and completing a detailed ethics form. After submission, researchers are often required to attend an ethics committee panel whereby any questions or concerns about the research project can be explored further and where possible overcome. Ethical clearance is required to ensure that no harm is going to come to people who are involved with the research. In the case of this project, NHS ethical clearance wasn't required because the project was focusing on the NHS organisation.
and staff rather than patients. However, research that is being conducted in an NHS setting does require research governance. Research governance is obtained from the NHS and requires ethical clearance documentation and project information including a protocol, information sheet and consent forms. Again, because of the timing of this research project, there was some uncertainty about what documentation was required because of the structural changes that were ongoing throughout the NHS; however, once the documentation was agreed and signed off, fieldwork was able to commence.

Research Design Development

The research design was changed to accommodate these project delays. Three case study sites were recruited across Northern England and a more continuous longitudinal approach was adopted (see Figure 2). Ongoing access was maintained with all three sites; however, access was delayed for site 3 affecting the length of data collection. This was out of my control; therefore, the research design (Figure 1) was adapted to ensure that the research was continuous across all three of the chosen sites (see Figure 2).

Figure 2. Fieldwork plan.

This longitudinal case study design was chosen to best help answer the research questions, include the context of the study, and to ensure that the practicalities of being a lone researcher were taken into consideration as policy in this area was rapidly changing; this design (Figure 2) allowed ongoing contact with sites ensuring that information was gained throughout the whole data collection phase, longitudinally. Therefore, as policy was changed, I was able to see how this was interpreted by each CCG and implemented at a local level.
Sampling

To obtain data for this case study, different sampling methods were used. First, a purposive sampling method was adopted, whereby specific sites were chosen to reflect different variables that could impact on my research questions. Miles and Huberman (1994) argued that selection with qualitative research methods should be theory driven enabling testing of theoretical principles. Therefore, factors such as deprivation that are already known to impact HIs were taken into consideration when sampling for this project. Purposive sampling allowed three sites to be selected based on geography and deprivation homogeneity and heterogeneity, allowing comparisons to be made across the selected CCGs. It has to be acknowledged that although sampling was theory driven, there was also an element of practicality that had to be taken into consideration (e.g. willingness of sites to participate). Initially, four sites were contacted and asked to consider taking part in the research. However, one site declined to take part because it didn't think it was developed enough as an organisation to be included in the research. Further to this, sites were selected based on their geographical location to accommodate the practicalities of the project being led by a lone researcher. Although the sample didn't reflect the initial sampling strategy, once data collection had commenced, it was apparent that four sites would have been difficult to manage.

Second, snowball sampling was used during observations to identify key individuals to interview. People were already used to my presence in meetings and had some understanding of my research at that point and were therefore more willing to give their time to interviews.

Fieldwork

Organisational policy research is very complex and is made up of a number of different elements. Therefore, to try to access as much information and data as possible about CCGs and HIs, triangulation of data methods was used. By using a multiple data source approach, more information was gained, filling in the gaps that are often experienced when using a single method alone. However, the use of different data
collection methods has been criticised because it generates large quantities of data which can often be difficult to manage at the data analysis phase of a project. Although a lone researcher, I felt that a multi-methods approach was still appropriate for this project as it would allow for further coverage of each site. Certain practical steps had to be taken into consideration to help accommodate the amount of data that were generated including the use of external transcribers and specific software to transcribe interviews and type up observation notes. Multiple data sources provide more in-depth data, increasing the validation of findings which overall increases the reliability. A methodological triangulation approach (gathering data about the same events from the different sources) allows researchers to draw on the particular and different strengths of each method.

Data were collected for 11 months commencing in January 2012 and was completed in December 2012. Three different date sources were used: observations, interviews and documents.

**Interviews**

A total of 22 semi-structured interviews were carried out across the three sites with GPs, managers and Public Health Consultants who all worked in or closely with the CCGs. At the beginning of each interview, each informant was asked to read an interview information sheet and complete a consent form (these documents had all been submitted for ethical clearance prior to fieldwork commencing). At this point, all informants were asked whether they would be willing to have the interview recorded; only one interview wasn't recorded based on the informants request. The interview still went ahead, and detailed notes were taken throughout. All semi-structured interviews were based on a topic guide, a flexible tool which was developed from theory and altered over time based on ongoing analysis. The use of a topic guide was to ensure that relevant questions were being asked in a consistent way to all respondents, reflecting the original research questions and to enable further comparisons to be made across the three different sites. While interviews followed a topic guide, divergence was allowed which helped rapport development between myself and the informants and allowed the conversation to flow. Although interviews are a very useful data collection technique, it was noted for this project that the responses from individuals were based
on the situation the interviews were taking place in. Mason (1996) recounted that information received during interviews is contextual and based on each individual interview, which was another reason why I adopted a multi-method approach, ensuring that data were being collected from a number of different contexts to provide a more accurate picture of what is actually happening in each site.

**Observation**

A total of 66 (approximately 198 h) non-participatory observations were carried out at CCG organisational meetings as well as other meetings that CCG representatives attended. I did not participate in the meetings or the situations as they were occurring; rather, I carried out non-participatory observations. Everyone was made aware of my presence and knew why I was attending the meetings. In some situations, people attended meetings who were from outside the organisation and therefore weren't fully aware of my role. I then introduced myself at the first available opportunity and explained why I was attending meetings. The non-participatory observations were not simple to carry out because once people were used to me attending meetings, they became used to my presence and began to try to involve me in discussions or request feedback when they thought they required it. Although this was not originally planned, it illustrates how a researcher's role is adaptable and changes based on the environment that is being researched.

Observation data were used to see what was happening in meetings and to see if HIs were being spoken about and in what context. It was also useful to compare observational findings with interview data. Data were obtained in the situation it was happening in and provided good access to the whole organisation. At the end of every observation, I wrote brief notes about each meeting, reflecting on any conversations relating to HIs or comments about the dynamics of the meeting. This helped develop my common themes and codes and was the initial stage of analysis. Additionally, I kept a daily personal research diary exploring my thoughts about the development of the project and findings from meetings. This task was complementary to the ongoing research analysis. This was a useful tool because, as a lone researcher, I was attending a number of different meetings and therefore thoughts and ideas could have gotten lost in the process if I hadn't have taken time to reflect on what was happening as I collected
the data. I did however take opportunities to discuss my emerging findings with my supervisory team in order to test out my developing ideas.

Documents

I collected documents from CCGs, generally meeting minutes and agendas, reports, and strategies, to see how they used documents in relation to policy and HIs and how they were disseminated to other CCG members. Further documents were accessed via email, and I became part of a number of mailing lists, allowing me to obtain as much information on the organisation as possible.

Analysis

Data analysis was iterative, and data collection was ongoing until no new findings or themes were being identified. This is often referred to as data saturation since further data collection no longer contributes any further value to the research project. I read and re-read my field notes to ensure that the questions being asked throughout the study would have continual development and attain the information that was relevant to the overall project. This method ensured that questions provided insight into the study and were not used as a descriptive tool alone. The use of an iterative approach allowed further insight into the area; emerging themes were identified, while data collection was ongoing simultaneously. Mason (1996) states that this is one of the three ways in which theory can be generated in qualitative research. When questions were developed and changed, all sites were re-visited or contacted to ensure that appropriate questions were being asked across all three sites so that comparisons could be made.

I wrote up all the observation notes in detail, completing each set of notes in the same week the observation occurred to ensure that valuable wider information was not lost, that is, contextual factors. The observations generated a vast amount of information, and so I used Nuance Dragon software to help with the time consumption of write up. Nuance Dragon is a voice recognition programme that recognises what the speaker is saying and transcribes the work into a Word document. This tool was very useful to the project, and it helped with timing demands across the three sites. Additionally,
all interview digital recordings were either transcribed by me into a Word document or by an external transcription company. Once transcripts were sent back from the external companies, all transcriptions were checked against the digital recording to ensure that the transcription was accurate. Once the interviews had been transcribed, observation notes were written up, and relevant documents were identified and then put into the computer data software system Atlas.ti (Scientific Software, Berlin). This computer package is recognised for being a useful tool when carrying out qualitative research because it allows all documents to be organised and stored. All documents are password protected, allowing confidentiality to maintained throughout the analysis process. Emerging codes that were generated from theory and ongoing analysis were attached to portions of text, while more in-depth memos were written when the analytical process was being developed. Memoing and coding was carried out in parallel with data collection. Memoing consists of notes about hypotheses, ideas and certain categories to be developed allowing relationships between categories to be identified (Miles & Huberman, 1984, p. 132). Memos enabled codes and key concepts to be linked throughout the analytical process. The coding used followed an evolutionary process and continually evolved throughout and post data collection.

Findings and Conclusions

Interviews and observations ascertained that HIs were being conceptualised and tackled differently across the three CCGs. There were several common themes that were evidentially important to CCG members when describing the wider influences on their HIs understandings. These included history, relationships and the role of Public Health. HIs were conceptualised based on the different areas that CCGs were geographically located. Therefore, the demographics of population the CCG served impacted on the way people thought and talked about HIs. The influence of Public Health was also found to influence how CCGs thought about HIs and how they planned to tackle them in the future. Further to this, CCGs are new organisations that have been constructed locally by people who have worked in or alongside the NHS for a number of years; therefore, how they were formed and how they thought about local issues depended upon their local history – local history shaped how organisations worked locally on the ground.
The qualitative case study approach was a straightforward methodology to carry out as a lone researcher; however, there were a number of issues to be overcome. First, there were several meeting clashes across sites, which meant that some meetings had to be missed because there was no one else available to do the fieldwork. When meeting clashes occurred, I chose which meeting to be attended based on the relevance to the research questions. I followed up on missed meetings through the use of meeting minutes as well as conversations and emails with key individuals. This wouldn't have been an issue if the research team had been larger; practicalities are more easily overcome with a larger research team.

This approach allowed me to collect in-depth longitudinal data using a variety of different methods. This led to the data being richer, and it allowed comparisons to be made across observations and interviews. Thus, allowing people to discuss HIs and CCG objectives in interviews while observation data were used to see what was actually happening in practice.

This methodology is well used in policy research. It enables changing environments to be examined as they develop, helps explore and examine how national policy is being disseminated and enacted at a local level and helps us to understand why the same policies implemented in different areas have a different impact on the ground. However, due to the amount of data that are generated from this methodology, the research design may be better suited to a larger research team. The data have now been fully analysed and written up as a PhD thesis and associated academic papers.

**Exercises and Discussion Questions**

- What factors do you need to take into consideration when selecting your data collection methods?
- As outlined in this case, policy research is changeable. How do you think this methodology complements policy research? How do you think the methodology could be strengthened?
- Think of a research project you may wish to carry out in the future. What type of ethical clearance would you need?
• How can you mitigate the problems you might face regarding ethical clearance?
• Can you think of different factors that would influence your sampling strategy?
• Do you think a changing participatory role in observations can impact on data collection? If so, how? How would you overcome problems as they occurred out on fieldwork?

Further Reading


References


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