Taxonomy of health care policy interventions for the NHS in England
Working paper for Quality Impact Evidence Summaries (QIES) project

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The Quality Impact Evidence Summaries (QIES) project sets out to design and produce summaries of evidence about the impact of NHS policy interventions. Distinctively, impact demonstrated by the evidence found is viewed through the lens of quality, using the Institute of Medicine (IOM) domains of quality as a framework (safety, effectiveness, efficiency, person-centredness, timeliness and equity).[1]

QIES began as a series of structured reviews featured in A Clear Road Ahead, a 2016 Health Foundation project delivered in collaboration with Professor Sheila Leatherman, to shape a quality strategy for the NHS. In developing the QIES further, the aim is to lay the groundwork for a sustainable tool or service to support and promote evidence-based policy making across the NHS in England. As the scope and volume of relevant policy interventions is significant, a taxonomy allows us to describe and classify the interventions into categories which share conceptual or practical similarities and therefore allows for useful and insightful comparison about what works.

In this working paper we detail the structure of the NHS taxonomy that we developed as part of the QIES project. We give definitions for each of the policy areas and levers covered and illustrative examples of policy interventions that have been implemented.   The second section describes how the taxonomy evolved and specifically how it developed from the prototype taxonomy of NHS policy interventions used as part of A Clear Road Ahead.

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Overview of the NHS taxonomy
The NHS taxonomy focuses only on health care policy levers at a national level (in contrast to most other taxonomies, which take a broader view of interventions). It provides a framework to enable the comparison of similar policy interventions that have similar underlying modes of action, in order to highlight 'what works'. Crucially, the taxonomy can be used to underpin a systematic approach to the production of evidence reviews and potentially to influence decisions about where to commission policy research and evaluations. When populated with more policy interventions, it is also a useful tool to see where policy efforts have been concentrated, as well as areas where there has been less focus.

Policies are grouped under four policy areas – governance, finance, delivery and improvement.

Table 1: Main policy areas of the NHS taxonomy

Policy areas	Definition
Governance	Regulatory principles and mechanisms which underpin how the operation of the NHS is governed and minimum standards are ensured
Finance	NHS funding arrangements, including how funds are collected and services are purchased, as well as the use of financial stimulus to shape health care provision
Delivery	How, where and by whom health care is organised and delivered
Improvement	How improvement of quality is formulated, assured and spread across the NHS

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[1] Institute of Medicine six domains of health care quality

Each of these policy area includes a number of policy levers grouped together by their focus, under which similar specific policy interventions can be compared. In terms of definitions:

- **Policy lever**: a policy-based means of exerting challenge, shaping change or influencing the performance of the NHS, with the aim of improving quality, under which specific policy interventions can be grouped.

- **Policy interventions**: rules, regulations, directives, incentives, deterrents, or other specific approaches for motivating changes in the behaviour of individuals, groups, or organisation. It must be intended to influence the structures, processes, or outcomes of health care delivery, but does not need to have a legal mandate. Policies that involve changes to the social or institutional structures involved in health care (e.g. delivery systems, workforce, financing, or physical settings) are relevant if they are intended to influence the delivery of health care services.[2]

1. Governance
Regulatory principles and mechanisms which underpin how the operation of the NHS is governed and minimum standards are ensured

Policy Lever	Definition of Lever	Examples of Policy Interventions
SYSTEM REGULATION *Authority and accountability for the health system and providers, with a legal/statutory basis*		
Statutory standards	*Standards that have a statutory basis and define minimum/baseline expectations of the health care system and providers*	NHS Fundamental Standards NICE Technology Appraisals
Protection and rights	*Policies and regulations that safeguard the rights of patients, the public and NHS staff*	NHS Constitution NHS Choice Framework Duty of Candour
Inspection	*Regulation and inspection of NHS organisations, which are primarily service providers*	CQC Inspection CCG Improvement and Assessment Framework
Enforcement and support	*Actions and interventions resulting from inspection, with a statutory basis. These might be rewards, penalties or supportive measures and may impact on the status of organisations, including earned autonomy*	Special Measures Single Oversight Framework Foundation Trust status
WORKFORCE REGULATION *Authority and accountability for the workforce, with a legal/statutory basis*		
Competence and scope of practice	*Standards that have a statutory basis and define minimum/baseline expectations of NHS professionals, most of which are administered by professional regulators*	Professional competencies Standards for competence for registered nurses GMC Good Medical Practice
Registration and licensing	*Processes that ensure that the NHS workforce continually meets minimum or defined levels of practice and performance, including certification, licensure requirements and revalidation*	Revalidation Fitness to Practice reforms
Accountability and responsibility	*Mechanisms that ensure that the NHS workforce remains accountable to patients*	Name above the Bed Named accountable GP Freedom to Speak Up: National Whistleblowing Policy

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[2] Based on AHRQ criteria. See Inclusion Criteria for Health Care Policy Innovations, AHRQ Health Care Innovations Exchange

2. Finance

NHS funding arrangements, including how funds are collected and services are purchased, as well as the use of financial stimulus to shape health care provision

Policy Lever	Definition of Lever	Examples of Policy Interventions
FUNDING *Ways in which resources to fund health care are obtained and distributed*		
Public funding	*Central government decisions about overall levels of expenditure on health care nationally*	Income tax adjustments National Insurance contributions
User fees and co-payments	*Charges to users for NHS services and products*	NHS prescription charges Charging overseas visitors
Resource allocation	*Formulas and strategies for allocating funding or budgets to commissioners (how much money goes where)*	Capitation formula
SPENDING DECISIONS AND MECHANISMS *Mechanisms for planning, agreeing and securing health services*		
Commissioning models	*Systems for commissioning NHS health services and therefore spending the allocated funding*	National commissioning (NHSE) Clinically led local (CCGs) Regional collaborations (STPs)
Contracting mechanisms	*Contracts, arrangements and payment models used by commissioners for purchasing NHS health services*	Payment by Results Block contracts Capitated payments
Assessments of value and cost	*Evaluations and decisions about the value of services and drugs, which then impacts on their availability in the NHS*	NICE Technology Appraisals Cancer Drugs Fund NICE Fast-track Appraisals
Case-based funding	*Processes for allocating funding for a specific need or circumstance*	Year of Care funding model Personal Health Budgets Education and Health Plans
MARKET CONDITIONS *Mechanisms to develop and maintain an efficient internal market within the NHS*		
Tariffs and pricing	*National prices and fees for services, including the development of health currencies*	National Tariff Payment System Payment by Results
Financial incentives	*Schemes that use financial rewards and penalties to influence the provision of services and the outcomes achieved*	Quality of Outcomes Framework Commissioning for Quality and Innovation (CQUINs) Fines for missed targets
Competition and choice	*Policies and mechanisms that increase the role of competition and patient choice in the NHS*	Choose and Book NHS Choice Framework Independent Sector Treatment Centres

3. Delivery
How, where and by whom health care is organised and delivered

Policy Lever	Definition of Lever	Examples of Policy Interventions
SERVICE PROVISION *How and when care is delivered across the NHS*		
Entry points	*Services where the patient initiates contact with the NHS, which may then signpost, triage or refer patients to the most appropriate service*	Walk-in centres NHS 111 Pharmacy minor ailments scheme
Setting of care	*Settings (physical places) where care is delivered*	Funding intermediate care beds Community day surgery
Service design	*Models of care and other ways NHS services are organised to deliver care to patients, including key and developing health care delivery themes like integration, specialisation and collaboration*	Multispecialty Community Providers Transforming Care Partnerships Integrated Care Pioneers
WORKFORCE STRATEGY *How the workforce is organised to deliver care within the NHS*		
Workforce planning	*Actions that optimise staffing levels and skills mix to deliver current NHS services and longer term strategic objectives*	NICE safe staffing requirements Modernising Medical Careers
Role development	*Adjustments to NHS roles, including developing existing roles, task shifting and creating new roles*	Clinical pharmacists Physician associates
Team-based working and collaboration	*Ways for NHS professionals to work together and collaborate*	Assertive Outreach Teams Cancer Networks
PATIENT INVOLVEMENT *Support for role played by patients in managing their own health care*		
Health literacy	*Efforts to improve an individuals' capacity to obtain, process, and understand health information and navigate services needed to make appropriate health decisions*	NHS Choice Patient Online
Shared decision making	*Tools and incentives that help patients to participate actively in decisions about their own health care*	Right Care decision aids No Decision Without Me Ask 3 questions
Supporting self-management	*Approaches that encourage and support patients to participate actively in managing their own health care*	Expert Patient Programme Year of Care Social prescribing
Peer support	*Approaches that involve people sharing knowledge, experience or practical help with each other*	HIV peer support Year of Care
PUBLIC HEALTH PROGRAMMES *Programmes aimed at managing population health and therefore reducing long-term demand on health services*		
Prevention strategies	*Programmes to reduce or avoid illness and support good health*	NHS Flu immunisations Healthy Child Programme
Screening	*Programmes that anticipate and identify health needs as early as possible*	Breast screening Cervical screening

4. Improvement

How improvement of quality is formulated, assured and spread across the NHS

Policy Lever	Definition of Lever	Examples of Policy Interventions
QUALITY PLANNING *Defining and setting national quality objectives*		
Standard setting and guidance	*Definitions, guidelines, pathways and strategies that define and establish a standardised, quality-based vision of NHS services*	NICE Quality Standards Clinical guidelines Always Events
National targets	*Measures that set and help to manage the expected level of performance*	Cancer waiting times A&E four hour standard Improving Access to Psychological Therapies (IAPT)
Service blueprints and plans	*Work-streams and frameworks that create and develop service redesign and new ways of working*	New Models of Care – Vanguard sites National Service Frameworks Sustainability and Transformation Partnerships (STPs)
Participation	*Efforts to engage stakeholders and reflect their views in quality planning*	Patient Participation Groups Healthwatch
QUALITY CONTROL *Mechanisms that ensure services are delivered in line with appropriate standards and quality objectives*		
Performance reporting	*Publication and use of data and indicators to increase transparency, enable patient choice and improve performance*	Clinical Outcomes publication MyNHS
Quality assurance	*Assessments that demonstrate that a service or provider fulfils the requirements for quality*	NHS Quality Accounts National Clinical Audits National Peer Review Programme
Patient safety	*Tools and strategies aiming to prevent or reduce avoidable errors and harm*	Patient Safety Incident Management system Never Events
Patient feedback	*Surveys to understand performance from the perspective of users*	Friends and Family test NHS Patient Survey programme
CAPABILITY AND CAPACITY BUILDING *Systematic approaches that drive changes that improve and sustain quality performance*		
Service development	*Programmes and collaborations supporting and enabling on the ground change at a service or provider level*	GP Rapid Improvement Support programme Vanguard sites
Leadership development	*Training, programmes and other schemes that build leaderships skills and capability*	NHS Leadership Academy programmes RCN Clinical Leadership programme
Embedding learning	*Forums and processes to capture and disseminate knowledge, experience and learnings from practice*	National Reporting and Learning System Health & Safety Investigation Board
Sharing best practice	*National campaigns that standardise and roll out identified best practise in specific areas*	Surgical Checklists Clean Your Hands campaign
Innovation platforms	*Strategies to fund, drive and spread innovative products or services*	NHS Innovation Accelerator Academic Health Science Networks

How the NHS taxonomy was developed

As part of A Clear Road Ahead, we developed a prototype taxonomy of NHS policy interventions. This was adapted from an existing international taxonomy of quality–enhancing interventions, developed and published by Leatherman and Sutherland[3]. In the prototype taxonomy, we divided activity according to whether it was broadly focused on people (NHS workforce or patients) or the system. These were then subdivided into nine broad categories of intervention. For 'system-focused' activities, these categories reflected the functions of Juran's trilogy – quality planning (in system management), control (in regulation) and improvement, as well as the important category of health care delivery.

Whilst initially helpful, our experience of using the prototype taxonomy and feedback from users highlighted ways it could be improved. In particular, we wanted to consolidate, simplify and strengthen the structure and to enable more effective comparison of similar policy interventions. More broadly, we wanted to bring the taxonomy into alignment with other taxonomies used to classify health systems interventions, and balance this with reflecting the unique experiences and focus of the NHS in England. We also wanted to develop a better product, including category descriptions, example interventions and explanatory notes.

We reviewed a number of other relevant health-care focused taxonomies and in doing so, identified the Effective Practice and Organisation of Care (EPOC) taxonomy of health system interventions,[4] developed and recently updated (2015) by the Cochrane EPOC Group, as a useful model. The 2015 EPOC revisions were strongly influenced by the taxonomy which underpins the Canadian Health Systems Evidence database, also a reference point for our review.

We found that our main areas of intervention could be mapped against the four EPOC domains, giving a tighter and more mutually exclusive structure.   As a result, we adopted the EPOC domains, with the following adjustments:

- The 'people-focused' activities, specifically the NHS workforce and NHS patients, which were separate in the prototype taxonomy, are now all integrated across the newly aligned four policy areas.
- Regulation is renamed as 'governance.'
- Finance is a new category. A number of finance levers did exist in the prototype taxonomy, but within other categories. Strengthening finance in the revised taxonomy reflects the large number of finance-based changes and policy interventions across the NHS and the role that the flow of funding plays in shaping service provision, especially the introduction of patient choice and competition.
- Delivery is retained, but strengthened considerably by consolidating the relevant workforce and patient levers.
- The EPOC category of 'Implementation,' which is relevant for many health care systems, is repositioned within the NHS context as 'Improvement,' an important NHS theme. The functions of Juran's trilogy, which were a thread in the prototype taxonomy, but have been embedded within this category.

With the overall structure in place, we applied the new areas to existing policy levers in the NHS taxonomy and more recent policy developments. The majority of policy levers are retained and a few are combined or expanded. A small number are excluded, mostly because they are not policy based (patient activation; developing workforce; workplace health; patient incentives). A map of how the original and new policy levers correlate is in Appendix 2.

The taxonomy was then revised and tested extensively and iteratively to fill and close gaps and create a more complete and directly relevant picture of NHS policy activities. Further work on defining each policy area, policy focus and the levers helped tighten the structure. The new NHS taxonomy has also been reviewed by Health Foundation and NHS England colleagues, with further feedback incorporated.

We recognise that there is overlap between policy focus areas, and critically, there are policy interventions that are relevant in multiple policy levers. For the purpose of conducting reviews of evidence, the focus will be the function of the intervention within the context of the policy lever. Also, some categories remain quite broad and could be broken down further into groups of related interventions when conducting evidence reviews.

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[3] Leatherman S, Sutherland K, Designing national quality reforms – A framework for action. *International Journal for Quality in Health Care*, 2007

[4] Effective Practice and Organisation of Care (EPOC). The EPOC taxonomy of health systems interventions. Oslo: *Norwegian Knowledge Centre for the Health Services*; 2016. Available at: http://epoc.cochrane.org/epoc-specific-resources-review-authors

New NHS taxonomy

Policy areas	Policy focus	National policy levers
Governance	System regulation	• Statutory standards • Protection and rights • Inspection • Enforcement and support
	Workforce regulation	• Competition and scope of practice • Registration and licencing • Accountability and responsibility
Finance	Funding	• Public funding • User fees and co-payments • Resource allocation
	Spending decisions and mechanisms	• Commissioning models • Contracting mechanisms • Assessments of value and cost • Case-based funding
	Market conditions	• Tariffs and pricing • Financial incentives • Competition and choice
Delivery	Service provision	• Entry points • Setting of care • Service design
	Workforce strategy	• Workforce planning • Role development • Team-based working and collaboration
	Patient involvement	• Health literacy • Shared decision making • Supporting self-management • Peer support
	Public health programmes	• Prevention strategies • Screening
Improvement	Quality planning	• Standard setting and guidance • National targets • Service blueprints and plans • Participation
	Quality control	• Performance reporting • Quality assurance • Patient safety • Patient feedback
	Capacity and capability building	• Service development • Leadership development • Embedding learning • Sharing best practise • Innovation platforms