Social Franchising to support effective spread

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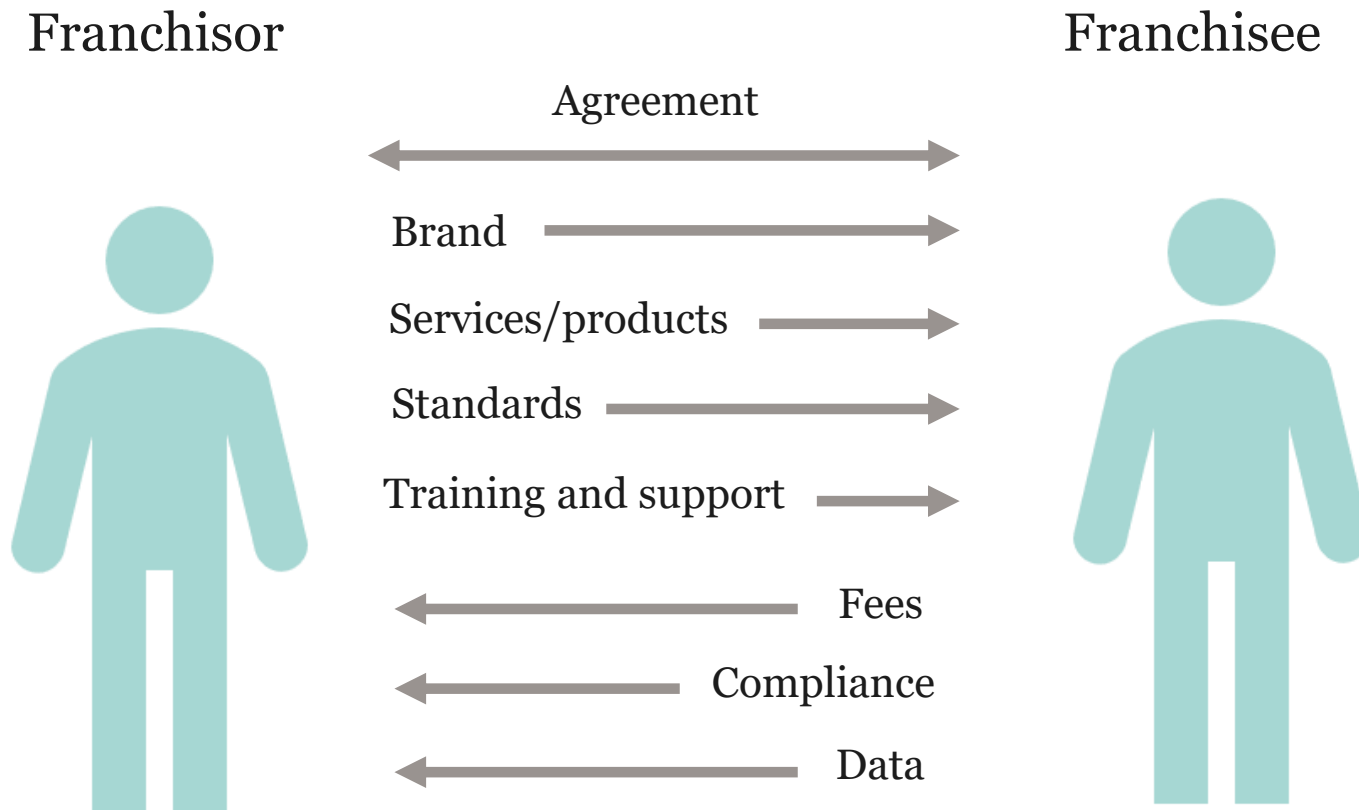
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![The Health Foundation]

Social franchising – a helpful tool to support the spread of good ideas?

We thought social franchising could support effective scaling in the NHS:

- It offer greater levels of support to implementers replicating an intervention through ongoing training and support

- It creates a source of sustainable financial support for the innovation itself

- It offers control to the innovator to ensure fidelity to a particular model where this is necessary for improved outcomes, while at the same time supporting local flexibility in implementation

What is social franchising: key elements

Franchisor   Franchisee

Agreement

Brand

Services/products

Standards

Training and support

Fees

Compliance

Data

The evidence for social franchising in healthcare

There is some evidence – but not in high income settings

Is franchising in health care valuable? A systematic review

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Effect of a multifaceted social franchising model on quality and coverage of maternal, newborn, and reproductive health-care services in Uttar Pradesh, India: a quasi-experimental study

Sarah Tougher, Varun Dutt, Shreya Pereira, Kaveri Haldar, Vasudha Shukla, Kultar Singh, Paresh Kumar, Catherine Goodman, Timothy Powell-Jackson

- Social franchising has primarily been evaluated in low- and middle-income countries and the evidence is primarily of low quality.

- Most studies focus on outcomes for customers/clients and less on organisations and professionals.

- There are some positive associations around accessibility and some quality metrics but findings regarding utilisation, efficiency and results for providers are mixed.

Social franchising in an NHS context

We weren't sure the translation to the NHS would work…

- Would NHS organisations be willing to enter into franchise agreements?

- Would teams be interested in developing and running franchises?

- Would the commercial sounding language be off putting

And would the model actually deliver more effective scaling?

- We knew from evaluations in other sectors that the model of franchising itself wasn't necessarily the magic ingredient

Exploring Social Franchising funding programme

Our approach was deliberately explorative with significant investment in evaluation and an understanding across all partners that this might not work

Test: to support a small number of projects to develop and pilot social franchising or licensing models to scale their interventions

Evaluate: to understand whether social franchising techniques help support the sustainable replication of health and social care interventions

Learn: to deepen understanding of how contextual factors and local adaptations impact on how an intervention is replicated

The teams

IRISi

- A general practice based domestic violence and abuse training programme

PROMPT

- Multi professional training for maternity units

Pathway

- Multi disciplinary care coordination for homeless people admitted to hospital

PINCER

- A pharmacist led intervention to reduce medication errors in primary care

IRISi – who are we and what do we do

Our vision - **"A world in which gender-based violence is consistently recognised and addressed as a health issue"**

Our mission – **"To improve the healthcare response to gender-based violence through health and specialist services working together"**

IRIS – our flagship programme

- A general practice based domestic violence and abuse training and referral programme

- Referral Recognise; Ask; Respond; Refer; Record

- Increases identifications and referrals

- **Improves quality of life**

From tiny acorns... a decade on

Our network today

- 32 commissioned sites

- 60 Advocate Educators

- 45 Clinical Leads

At March 2018

- 695 IRIS DV Aware Practices

- 10,369 women referred

- **We are building a best practice response to DVA within primary healthcare**

IRISi – the journey to social franchising

- **Successes**

  - People want the IRIS programme and are willing to pay for it
  - Positive outcomes for patients and practice teams
  - National recognition of IRIS as a gold standard programme and best practice

- **Challenges**

  - Capacity within staff team
  - Ensuring fidelity to the model
  - "IRIS" being used as shorthand name for any intervention around DVA in primary care
  - Difficult commissioning environment

IRISi – why a social franchise model?

- We were part way there already but…

- We lacked robust, consistent processes for:
    - Recruitment of sites
    - Contractual/legal agreements
    - Operationalising the programme and sustaining
    - Quality assurance

- We don't know what we don't know – and that what we do know isn't documented

- Opportunity to develop, support and improve our spread and impact

- Need for a sustainable way of financing our organisation and work

IRISi – reflections of the process so far

- Invaluable to have facilitated time as a team to stop, reflect, discuss and plan

- Determine and agree mission and vision

- Process itself has had distinct and clear phases on which to focus:
    - Core – design – gap analysis – financial model – systemise – validate

- Our model won't change but our way of promoting and operationalising it will

- Excellent support and project management from colleagues at the Health Foundation and Spring Impact

- Personal and professional development of team members
    - Challenges and frustrations
    - Opportunities and growth
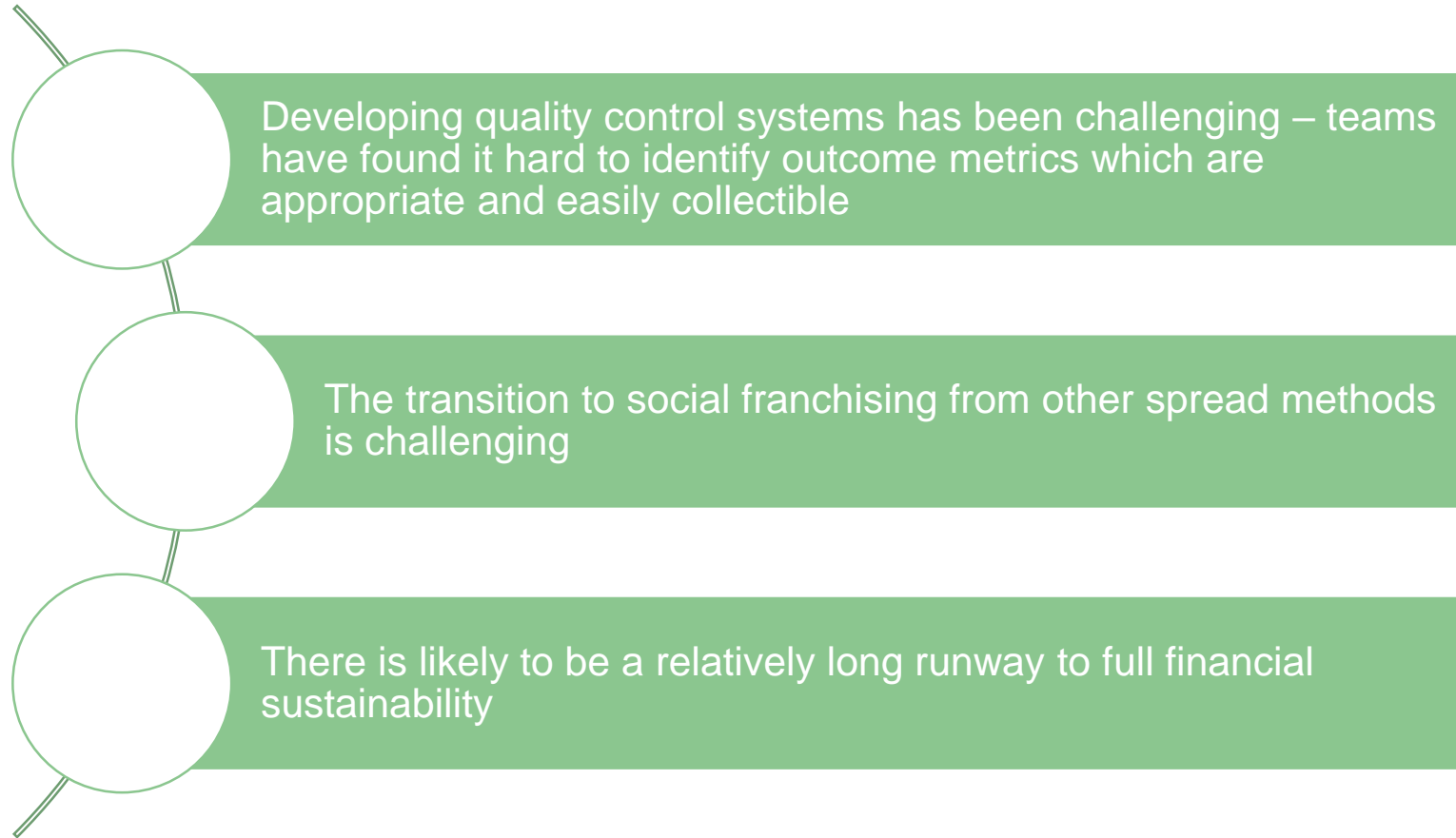
IRISi – next steps

- Systemisation is underway

  - Manuals and documents

  - Focus groups and meetings with key stakeholders

  - Financial model

- Staff team and capacity for validation phase is agreed

- Validation sites are being identified and incentivised

Key programme insights so far (1/2)

Creating a franchise requires detailed technical input eg setting up legal agreements, developing financial models and setting up data sharing agreements

Teams were able identify the core of their innovation, but articulating it clearly and developing the manuals and documentation to support it was harder

You need a relatively mature team in place or a clear understanding of the team (and skills) you will need

The language of social franchising can be challenging in an NHS context

Key programme insights so far (2/2)

Developing quality control systems has been challenging – teams have found it hard to identify outcome metrics which are appropriate and easily collectible

The transition to social franchising from other spread methods is challenging

There is likely to be a relatively long runway to full financial sustainability

Pause for reflection

Turn to the person next to you and have a brief conversation:

- Do you think social franchising could work in your context?

- What benefits might it bring?

- And what challenges could you foresee?

Thank you

Contact details

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