



**End  
Project  
Report**



## Contents

<b>1</b>	<b>Summary of the Project’s Performance .....</b>	<b>3</b>
<b>2</b>	<b>Review of Business Case .....</b>	<b>4</b>
<b>3</b>	<b>Review of Project Objectives.....</b>	<b>5</b>
<b>4</b>	<b>Review of Team Performance.....</b>	<b>9</b>
<b>5</b>	<b>Review of Products .....</b>	<b>10</b>
<b>6</b>	<b>Outstanding Activities, Risks, and Issues .....</b>	<b>11</b>
<b>7</b>	<b>Lessons Learned Report.....</b>	<b>11</b>
<b>8</b>	<b>Document Control Sheet .....</b>	<b>12</b>
8.1	Key Information.....	12
8.2	Revision History.....	12
8.3	Approvals.....	12
8.4	Distribution.....	12

## 1 Summary of the Project's Performance

iSIMPATHY was a project within the EU's Interreg VA Programme, managed by the Special EU Programmes Board (SEUPB). SEUPB assess success through both the achievement of 'target outputs' (see section 3 Review of Project Objectives) and budget spend.

The project supported nearly 30% more citizens and patients than targeted.

The project was well received by patients and healthcare professionals with indications of improvements in practice and patient health and wellbeing, some quotes supporting this are:

*"HUGE IMPROVEMENT! Walked for an hour and a half this morning-. used to have to stop every few mins because of the dizziness". Patient*

*"It is an excellent project. It contributes in a tremendous way to our practice. We no longer look at patients on large numbers of drugs and wonder where to start. In the past we may have tried to rationalise their medications, but this is too time consuming an endeavour for GPs. (Pharmacy is not our speciality). I now change patients from one drug to another in a much safer manner. I am saved hours on the phone explaining drug changes to patients". GP*

In relation to budget spend the project performed less well than anticipated. The original approved budget for the project was €3,520,671.30. A reduction in funding of €408,637 was agreed with SEUPB in January 2023. At project end a further underspend of €356,399 was identified representing 11.45% of the new, reduced, approved budget.

Interreg VA project budgets are intended to be spent as they are an economic investment in the programme area, an underspend is not encouraged. Partners' ability to spend was impacted by Covid-19, including a lack of knowledge exchange opportunities and recruitment issues, and delimiting programme rules. The slow submission of financial claims during the project impacted on the ability to accurately monitor the underspend until after the project closed.

The funding body, SEUPB, primarily assess the success of their projects through Target Outputs, detailed below, but the success of iSIMPATHY is not told only in numbers. The training of additional Healthcare Professionals is an example of high performance in iSIMPATHY being 'hidden' by a Target Output number.

The training package was intended to be in-person classes over two days, but this became impossible due to Covid-19. The project team had to adapt a considerable amount of material for online presentation and to find an authoritative organisation to host it. Collaboration with NHS National Education Scotland (NES) provided a home for the learning modules and an endorsement of the approach and quality present. Gaining authority to award Continuous Professional Development points and approval of the Royal College of Physicians is further evidence of the quality achieved. The learning modules remain available for future training purposes.

The project's Evaluation report provides detailed insight to its outcomes.

## 2 Review of Business Case

iSIMPATY was not required by the funding body to produce a Business Case or to develop a Benefits Management Strategy. The funding was awarded based on a comprehensive application submitted on SEUPB's Electronic Monitoring System (eMS). The application form served as the project's Business Plan in the sense of holding the project accountable for its intended outcomes

The absence of a formal Programme Management approach has been noted in the Lessons Learned Report. The recommendation in future SEUPB projects, where formal Benefits Management is not an application requirement, is an approach to Benefits and Assurance is undertaken at project start-up.

Upon awarding funding SEUPB issue a Letter of Offer which is the legal contract between them and the Lead Partner. Two further Letters of Offer were issued during the project. Firstly, following the approval of a six-month extension to the project to mitigate Covid-19, and a secondly, the reduction in a Target Output and corresponding decrease in budget.

During the project five change requests were made to SEUPB. Two related to acquiring additional pharmacist resource through identification of underspend, both were approved. A third modification for recruitment of a part-time communications resource within Scottish Government was not approved. A fourth change, approved, enabled the project to utilise NHS National Services Scotland (NSS) Marketing and Communications team for production of branded materials to support the project. The last submission to SEUPB requested a reduction in a Target Output for the project (see below, Target Output 4.111), this was approved once a corresponding reduction in budget was negotiated.

### 3 Review of Project Objectives

#### Objectives

The project objective was to provide “a significant contribution towards the embedding and mainstreaming of a single person-centred approach for polypharmacy management” as well as firmly establishing the value of cross-border working in this field.

Ultimately it aimed to enable those with multi-morbidity to live healthy and active lives. iSIMPATHY also sought to identify cost savings, a previous initiative in Scotland projected potential savings of £120 per patient per medicines review.

It is too early to know the extent of embedding and mainstreaming of the project across the three jurisdictions. It is however known that elements of the project are adopted across each implementation partner with work in place to extend these.

The ‘7 Steps to Appropriate Polypharmacy’ person-centred model at the centre of the intervention was adopted by the project Pharmacists across the jurisdictions and various health and care settings. A number of Healthcare Professionals who undertook the iSIMPATHY training have also adopted the model. Qualitative data collected as part of the Evaluation Report indicates that the project pharmacists will continue to build relationships with the Multidisciplinary Teams (MDT), incorporate the practices in their work, and intend maintaining cross-border connections to continue shared learning. Two training sessions for Healthcare Professionals have taken place within a month of the project closure indicating an intent to embed the project’s practices.

Data from the iSIMPATHY Evaluation Report indicates that:

- Improvements in patient health and safety were observed and expressed in the qualitative work conducted with staff and management. These observations were supported by the quantitative work which demonstrated that the majority of the clinical interventions were deemed to be “significant” and had a tangible impact on patient health (see Evaluation report section ‘Conclusion’).
- Alongside improvements in health and safety, pharmacists’ and MDT responses noted an improvement in patients’ understanding of their medication, satisfaction with their care, and improvements in their quality of life, these views were echoed in the quotes the project received:

*“The pharmacist I spoke to was so friendly and helpful reassuring me with regards to my medication. My health has certainly improved as I understand more about any medicines I was taking. She explained what the tablets were for and why each dosage was being given. I would highly recommend this service to anyone.” Patient*

*“One of my highlights was helping this man come from lying in bed to sitting up, starting to be able to swallow, getting quicker on the path to normal than what he would have if they’d kept the medications going.” Pharmacist*

*“I have found the iSIMPATY medicine reviews useful - they often pick up things we have overlooked as physicians. The most useful aspects for me are meds rec (eg: meds missed and therefore not prescribed) and drug interactions.”* Hospital Consultant

The Evaluation report has identified cost savings of:

- Direct Medicines cost savings **£13,100 per 100 cases** as a result of a reduction in prescribed medicines
- Potential total of **£138,000** costs saved per 100 cases from avoided healthcare resources (e.g. hospital admissions)

## Outputs

Assessment of an Interreg VA project is primarily through “Target Output indicators”. The outputs agreed and approved at funding award in 2019 were:

- 4.110: Develop a cross-border area intervention to support the positive health and wellbeing and prevention of ill health
- 4.111: The delivery of medicine reviews to over 15,000 patients taking multiple medicines
- 4.122: Delivering training to 120 GPs, hospital doctors and pharmacists.

Output 4.110 was confirmed as a reporting requirement in January 2023, it had been set by SEUPB at application stage in 2019 but not communicated to the project via eMS for formal reporting at the time.

4.110 was achieved through introduction of a model within each jurisdiction and setting, using the ‘7 Steps to Appropriate Polypharmacy’ medicines review guidance, achieving the best and most sustainable outcomes with medication use in patients taking multiple medicines.

The original 15,000 target for 4.111 proved too ambitious during implementation. The funding body was kept informed of progress and negotiations to reduce the output indicator started in 2021. The issues impacting this Target Output were managed through the Risk and Issues registers following the Risk Management Strategy. Despite mitigations in 2022 the Project Board approved a request to SEUPB to reduce the target and accept a decrease in budget allocation as a consequence. A reduction to 5,000 medicine reviews (and a €400,000 budget decrease) was granted in January 2023. This report considers the project achievement against the revised approved target.

The Lessons Learned Report has recommended a need to carefully consider and set realistic and achievable outputs. There is a need to balance a desire to evidence post project sustainability and economic viability against what can realistically be achieved in a time limited change project. Project specific activities including administration, reporting and event attendance should be incorporated in projections of targets. (Lessons Learned 3.2).

The following table shows the numbers achieved and variance for each of the three Target Output indicators.

<b>SEUPB Indicator</b>	<b>Target</b>	<b>Achieved</b>	<b>Variance %</b>
4.110: Develop new cross-border area interventions to support positive health and wellbeing and prevention of ill health;	3	3	-
4.111: Beneficiaries supported by new cross-border area initiatives for positive health and wellbeing and the prevention of ill health;	5,000	6,481	29%
4.122: Specialist training and development programmes for cross-border area health and social care providers.	120	212	76%

### **Timescales**

The project was to be delivered over three years, between October 2019 and September 2022. A formal request to extend the duration of the project by six months was made in September 2020 and approved November 2020, extending the project to the end of March 2023. The approval was granted recognising the challenges of COVID-19 and recruitment timelines being longer than anticipated.

A further three-month extension was approved to enable administration of the formal project closure by end of June 2023. Project implementation concluded as planned in March 2023.

The Lessons Learned Report has recommended more planning and scoping at the application and start-up phases to avoid unachievable timescales, recognising the application process is challenging in EU projects. (Lessons Learned 3.1).

### **Project Strategies**

The Governance Framework was clear in respect to the Project Board, Management Steering Group (MSG) and Project Management Office's (PMO) roles. The Project Board was effective throughout the project and operated at a strategic level. The Senior Responsible Officer (SRO) postholder was often involved in the operational and the day to day running of the project which has been noted in Lessons Learned (3.2).

The Governance Framework lacked sufficient content on decision making where there were differing viewpoints within the MSG, leading to some topics being revisited many times leading to missed deadlines and inefficient working. The Lessons Learned Report recommends including support roles for an SRO e.g. Programme Director and/or Programme Manager. Also Change Managers in each implementation location responsible for operational delivery.

The Report strongly recommends the Governance Framework includes protocols on 'contentious' decision making to avoid delays in delivery. It also highlights the value of short life working groups to advise and support the operational progress and decision making. (Lessons Learned 3.2).

The Evaluation Strategy was initially effective in providing an overview to stakeholders including the Project Board of planned evaluation, recording and reporting for the project. There were several iterations of the Strategy resulting in a delay of its formal approval which in turn delayed agreement of the data to be collected by implementation teams. The complexity in agreeing a dataset across jurisdictions, and the in agreeing Data Processing Agreements was vastly underestimated.

The Lessons Learned Report notes dataset issues resulted in some potentially valuable data not being available to the Evaluation team. This included the qualitative data, the collection of which started three months before the project end instead of being a continual exercise throughout. The Report also identified the need for one single data collection tool, the project had one for the Evaluation and another for project performance. (Lessons Learned 3.3 and 3.4). Nonetheless a comprehensive Evaluation Report, which is not a deliverable for SEUPB, is anticipated to be published in July 2023. It is also expected clinical articles will follow the Evaluation Report's publication.

The Risk Management Strategy was comprehensive and based on the NSS Programme Management Services template. The documenting and reporting process was clear and effectively managed by the PMO. The Lessons Learned Report recognised a need for formal review of escalated risks by the Management Steering Group (MSG) and Project Board (Lessons Learned 3.7). The Strategy was well written, but a more robust application of governance requirements would have improved ownership and escalation.

The Recruitment Strategy was produced at application, it provided clear information on recruitment evidence and the roles required. As the project evolved it became apparent some key project roles were missing impacting on delivery of the project, and consequent staff retention. Notably, there was no funded resource within the Recruitment Strategy assigned to the Communications Work Package. The intent had been to 'pool' corporate resources from Republic of Ireland and Scotland around an 'in-kind' contribution from Northern Ireland. The latter was lost to the project due to local communication needs related to Covid-19.

The lack of a communications professional came across strongly in the Lessons Learned Report with a recommendation to ensure at application stage roles are mapped to deliverables and assumptions on corporate resources are avoided (Lessons Learned 3.2). The Programme Rules in Interreg VA projects are such that it is very difficult to increase staff, procure services, and move money between budget lines once the application has been approved. Future similar projects should be mindful of this limitation when building a budget and estimating timelines.





## 4 Review of Team Performance

The Pharmacist role was key in successfully delivering nearly 6,500 medicines reviews.

The Evaluation Report notes positive feedback from project pharmacists relating to organisational culture which is important in delivering a service change project such as this. They noted improvements in prescribing practices, inclusion of pharmacists in care plan development, monitoring of medicines and long-term illness, recognition of medicine safety and appropriateness, and the language used with patients. Significantly the report states:

*“Half of the pharmacists felt that there had been a positive change in the overall approach to patient care due to iSIMPATHY. They noted that other pharmacists, nurses and doctors were learning from the iSIMPATHY approach and incorporating some iSIMPATHY methodology into their own practices.”*

There are indications within the Evaluation Report pharmacists were successful in delivering a patient-centred service. Feedback in the report includes:

*“Patients were more confident about setting goals for themselves because they felt better informed about risks, benefits and adverse reactions of their medication.”*

The Pharmacist team were generally motivated to deliver their work and they recognised good career development opportunities (Lessons Learned 3.5 and Evaluation Report Conclusion). A need for the Implementation team to have attributes suitable to project working was noted with a recommendation for these to be included in the person specification (Lessons Learned 3.2). Some of the team felt isolated and left the project, this was largely due to delivery partners not having clarity on the requirement to support the implementation team at a local level.

The Lessons Learned Report indicated that the Pharmacist team’s ability to delivery medicine reviews was impacted by a lack of administrative support, this was beyond their control but nonetheless affected their ability to perform effectively (Lessons Learned 3.2).

The Project Management Office (PMO) was noted as being effective when fully staffed. There were issues in terms of delay in recruiting a Project Manager to represent one of jurisdictions. It was reported that at times it was assumed the PMO could deliver a range of activities outside their skillset e.g. requests to mitigate the lack of a resource to deliver the Communications Work Package. (Lessons Learned 3.2).

The Researcher contributed significantly to the project’s statistical analysis, the work involved within their remit was underestimated and recommendations are that the work is scoped at applications stage, and the Researcher is recruited at the project start-up to inform the Evaluation reporting and data collection. (Lessons Learned 3.4). It should be noted the original intention was for the researcher to start in post nine months into the project but this was delayed due to COVID-19, the recommendation is to plan for them to be onboard at start-up.

The Lead Project Manager Role was effective to a degree. It would be advisable to have separate individuals undertaking the Lead and Scotland Project Management roles. It was challenging to undertake both roles successfully. The lead role may be better suited to a Programme Manager appointment. Feedback indicated the need to have different individuals fulfil the SRO, Scottish Work Package Lead and head of the Evaluation team roles. All three were undertaken by the same person. (Lessons Learned 3.2)

## 5 Review of Products

As noted in Section 3 above, the SEUPB approach to their Interreg VA Programme focussed primarily on delivery of output targets rather than products delivered. SEUPB's eMS platform was structured around 'work packages' and within these were 'deliverables' which could be viewed as 'products' by another name.

iSIMPATHTY had six work packages across 5 project partners with a total of 61 deliverables. These deliverables varied from recruitment of posts to delivery of target outputs, from delivering medicine reviews and training to developing and hosting study visits. Some were local iterations of the same deliverable.

SEUPB monitor the achievement of deliverables through quarterly reporting. Some amendments were possible and regular discussions with the SEUPB Programme Officer allowed for flexibility on quantity and quality.

Of the 61 deliverables, 57 were fully achieved as intended. The remaining four are inconsequential: two relate to less than anticipated numbers of Project Board meetings, a final meeting will take place in December 2023 fulfilling these deliverables. The final two are marked as completed and achieved less than planned in eMS, they are within the Communication Work Package and relate to less than anticipated numbers of press releases and newsletters delivered. This has been discussed with SEUPB who noted the original number was not feasible due to COVID-19. It was deemed inappropriate to release project related news during the pandemic. Alternative outlets were used to share project news and successes including presentations, conference abstracts and poster presentations, social media and the project website.

As noted in Lessons Learned, Communications delivery was challenging as this Work Package was not resourced. Despite this the project delivered a number of effective communication tools through support of a skilled Communication Officer at Scottish Government, and NHS National Services Scotland Marketing and Communications team (Lessons Learned 3.2 and 3.3).

## 6 Outstanding Activities, Risks, and Issues

Two outstanding Risks and Issues relate solely to the formal closure of iSIMPATY.

The project is due to submit the final eMS report to the funding body by 30<sup>th</sup> July 2023. This will be completed by the Lead Project Manager and the International Engagement Team (IET) at NSS. Final SEUPB Post Project Evaluation reporting is due by the 30<sup>th</sup> of June 2023.

The Evaluation Report will be finalised by the end of July 2023, the content will be written and submitted to a design team at NSS on 30<sup>th</sup> June.

A breakdown of the issues and risks identified and managed throughout the project lifetime:

	High (Red $\geq 15$ )	Medium (Amber: $\geq 9, \leq 12$ )	Low (Green: $\leq 8$ )
Risks	40	33	14

	Catastrophic	Major	Moderate	Minor	Negligible
Issues	1	42	60	33	0

## 7 Lessons Learned Report

A comprehensive Lessons Learned report is available as per the Linked Documentation (8.5) section below.

## 8 Document Control Sheet

### 8.1 Key Information

<b>Title</b>	iSIMPATY End Project Report
<b>Date Published / Issued</b>	TBC
<b>Date Effective From</b>	TBC
<b>Version / Issue Number</b>	0.4
<b>Document Type</b>	End Project Report
<b>Document Status</b>	Draft
<b>Author</b>	Nicky Broekhuizen
<b>Owner</b>	Nicky Broekhuizen
<b>Approver</b>	Alpana Mair, iSIMPATY Senior Responsible Officer
<b>Approved by and Date</b>	Project Board, 23 June 2023
<b>Contact</b>	Nicky.broekhuizen@nhs.scot
<b>File Location</b>	NSS: Z:\Shared Service Portfolio\Mpower\iSIMPATY\Final Project Reporting\Reports

### 8.2 Revision History

Version	Date	Summary of Changes	Name	Changes Marked
0.1	24 May 23	Drafted	Nicky Broekhuizen	n/a
0.2	30 May 23	Revised	Nicky Broekhuizen	n/a
0.3	1 June 23	Comments from SRO and MSG actioned	Nicky Broekhuizen Alan Connor	n/a
0.4	2 June 23	Preparation for PB issue	Alan Connor	n/a
0.5	23 June 23	Minor amend from PB	Nicky Broekhuizen	Yes
1.0	23 June 23	Approved Document	Project Board	n/a

### 8.3 Approvals

This document requires the following signed approvals:

Version	Date	Name	Role	Signature
0.2	30 May 23	Alpana Mair, Ciara Kirke and Michael Scott	SRO and MSG members	n/a
0.3	1 June 23	n/a	n/a	n/a
0.4	2 June 23	Project Board Members	Project Board	n/a
0.5	2 June 23	Project Board Members	Project Board	n/a

### 8.4 Distribution

This document has been distributed to:

Version	Date of Issue	Name	Role / Area
0.2	30/05/23	Alpana Mair Mike Scott Ciara Kirke	SRO Work Package Lead for NI Work Package Lead for ROI
0.3	1 June 23	n/a	n/a
0.4	2 June 23	Project Board Members	Project Board
1.0	29 June 23	Project Board Members	Project Board

## 8.5 Linked Reports

Document Title:	Document File Path:
iSIMPATY Lessons Learned Report	Z:\Shared Service Portfolio\Mpower\iSIMPATY\Final Project Reporting\Reports
iSIMPATY IVA5081 SEUPB PPE	Z:\Shared Service Portfolio\Mpower\iSIMPATY\Final Project Reporting\Reports
iSIMPATY Evaluation Report	tbc