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Commissioning Models in Vision Rehabilitation Services: in house or contracted-out?



ABOUT THE PROJECT

Rehabilitation (rehab) services may delay or prevent the need for greater support. However, there is little evidence to inform the model of commissioning of rehab services or to help us understand how much those services, in different forms, improve outcomes for people.

Our study, funded by the National Institutes of Health Research (NIHR) School for Social Care Research (SSCR), explored the effectiveness and cost-effectiveness of two general commissioning models of vision rehab services:

LA in-house services and contracted-out services.

A total of 233 people receiving vision rehab (114 in-house and 119 contracted-out) in 18 vision rehab services (9 in-house and 9 contracted-out) were interviewed at the start of their rehabilitation and followed up at one month, two months and six months.

We measured health, social care and vision-specific quality of life, as well as people's use of other health and social care services. We also interviewed a smaller number of people in more depth about their experiences of using the services. People who worked in the services were also asked for their views.

KEY FINDINGS

When we spoke to people using services they all reported feeling more confident and independent and were happy with the service they received regardless of commissioning model. Younger people reported greater gains. A number of individuals suggested that service user's own characteristics (for example, age, motivation) and the length of time they had lived with sight loss may have affected outcomes in vision rehab work. People who had lived with their sight loss for a long time felt that earlier intervention would be more effective.

LA In-house services generally offered wider social care support in addition to basic vision rehab support, linking in with other LA services. People were referred for a greater variety of reasons, such as improving confidence and emotional well-being. Waiting times for receipt of service were typically longer than contracted-out services.

Contracted-out services were primarily focussed on mobility and independence and reported adding value to rehab services they were contracted to provide by investing in group-based activities. Other needs identified during assessment were referred back to Social Services or signposted to other charitable

organisations. Waiting times were typically shorter.

Comparison of models' outcomes: no clear differences between the two commissioning models were found with the outcome measures used. Vision-related and social care quality of life outcomes and independence showed small improvements over the six months of the study in both groups.

Cost-effectiveness: in-house services had a higher probability of being cost-effective than contracted-out services from the social care perspective. In contrast, in-house services had a lower probability of being cost-effective than contracted-out services from the health and social care perspective. The latter result was driven by higher hospital service use by in-house vision rehab users who were 65+ compared to contracted-out vision rehab users. Data collection was challenging and results should be treated with caution. Further work is therefore required in this area.

Challenges: none of the services consistently used any validated tool to measure individual outcomes as part of routine practice. The planned sample size of 500 people using these services was not achieved despite services being confident they could recruit them.

CONCLUSIONS AND KEY IMPLICATIONS FOR PRACTICE

- Regardless of the model, service users value vision rehab services.
- In-house and contracted-out services appear to deliver different additional packages over the core rehab support with advantages and disadvantages in each model.
- Despite the professional interest in demonstrating value for money, the lack of outcome orientation within services and the difficulties with recruiting adequate numbers of participants constrained a full-scale evaluation.
- While findings should be viewed with caution for the reasons outlined above, this study is larger and more robust than any previous work, adding a set of valuable, albeit limited, findings to inform commissioning of vision rehab services.



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For more detail on this study, please see york.ac.uk/spru/projects/iris

CONTACTS

**Dr Parvaneh Rabiee or
Professor Yvonne Birks**

Social Policy Research Unit
University of York
Heslington
York, YO10 5DD

***spru-general-research-support@
york.ac.uk***

+44(0)1904 321950



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