

Social divided into two distinct phases, short medium

Government



**ASSIGN
BUSTER**

Social Impact Measurement Gap Analysis Q1: The terms outputs, outcomes and impact measurement are intrinsically linked in producing a results chain and are used to describe changes at different levels within a programme, project or organisation; describing actions taken, resultant changes and impacts for the longer term.

Outputs are easiest to measure whilst impact measurement is most difficult, requiring detailed analysis of outcomes. Outputs: are a measure of what a programme produces or an organisation's activities. They can be tangible or intangible records of what has happened. Outputs are often counted numerically, for example, how many patients treated, number of interventions. Outputs provide records of numerical information but do not describe or measure how this affected service users. Outcomes: are changes that occur as a result of outputs.

They measure the effectiveness of the programme or activities an organisation provides. Outcomes serve to assess the success of a process. Outcomes are divided into two distinct phases, short/medium term where the outcome could be increasing knowledge, improving attitude or positivity, where the long term outcome could be establishing a skill or improving status by gaining employment. Medium term outcomes are a pre-condition in achieving long term outcomes. Impact Measurement: Impact measurement is the collective of all outcomes data, where an outcome is a single change experienced by service/organisation/people. It is an evidence-based approach to understanding the change or progress, measuring the long term or indirect effects of outcomes.

It is the gold standard as the results are proven, but it takes considerably longer to analyse, requiring validated or bespoke tools. To measure impact you need to describe? the outcomes you want to achieve and then confirm? that the desired outcomes are linked to your outputs. Penna (2011) says in? The Nonprofit Outcomes Toolbox, "...impacts are what we hope for, but? outcomes are what we work for.

" Q2: I sit on a Board of the National Cancer Control Programme (NCCP). The National Cancer Screening Service (NCSS) is an organisation under the umbrella of the NCCP with responsibility for government funded population based? cancer? screening programmes. Since its inception it has been consistent in its planning and approach to rolling out screening programmes for each cancer group. Services provided: BreastCheck -? breast x-ray for women aged 50-64 years every two years CervicalCheck?- smear tests for women aged 25-60 years BowelScreen?- bowel screening for men and women aged 60-69 years every two years In each instance a free screening programme was established to monitor people at an age when cancer is most likely to manifest, with a long term outcome that the disease would be identified and treated at an early stage.

In planning the services the rationale, target population, frequency of screening and partnerships with other healthcare providers were all considered to ensure the services were robust, with outcomes measured and compared against international standards. An inherent weakness in the system is the reliance on healthy people to engage in the programmes. Breastcheck, the longest established screening programme,

does not promise to eradicate cancer. It has a clear vision of how screening services contribute to cure and reduced cancer mortality rates. The programme aims set out a team approach to achieving success, with a clear plan to engage eligible women.

Its Mission Statement is unambiguous: “ Provide an effective screening service to the highest possible quality, so that the maximum number of breast cancers can be detected at the earliest possible stage” (Breastcheck, 2017) Outcomes: Medium term: - increase knowledge, understanding and awareness in target population - increase target population engagement with service offered - improve accessibility for all eligible women, including those with special needs Long term: - achieve highest quality screening service - achieve 70% uptake in target population aged 50-64yrs - extend the upper screening age to 69yrs to all eligible women by 2021 - Reduce breast cancer mortality rate Quality of Outcome Information: The strength of Breastcheck success lies in the quality of hard indicator data gathered and analysed from the programme and validated by a number of external organisations, showing achievement of long-term outcomes. There is an evidence base of verified information to show the quality of work being done and the impact this has on the target population. This includes demographic, tumour and treatment specific information gathered from various sources, including hospital & pathology databases, and stored in National Cancer Registry Information (NCRI) database. Quantitative indicators are in place to ensure 70% uptake by target population as minimum standard. Data is audited using international audit protocols from the International Association for Research on Cancer. The weakness is in soft indicator outcomes which

are not measured frequently, creating a gap in information related to 'distance travelled', satisfaction from service users, with a reliance on testimonials and random satisfaction surveys.