

## Scalability Assessment Tool (SAT) – Checklist

The scalability assessment tool is based on Everett Roger’s Diffusion of Innovation. The tool enables a project team or individual to assess if the intervention/innovation/improvement is ready for adoption and spread.

Here are the main areas the tool covers:

1. Is your intervention credible to NHS adopters?
2. How observable are the interventions outcomes & results?
3. How relevant is the intervention?
4. Does the intervention have relative advantage over existing practices?
5. How easy is the intervention to transfer and adopt?
6. How testable is the intervention?
7. Is there a sustainable source of funding?

Following the assessment, the team can focus on improving areas where it is suggested scaling up maybe harder and/or focus on the strengths, where scaling up maybe easier, when planning for adoption and spread.

Please tick all that apply to your project and rate ease of scaling up according to whether you view it as an A, B or C. A is scaling up is easier and C scaling up is harder.

Model Categories		A 😊✓	Scaling up is ← easier	B 😐 ✓	Scaling up is harder →	C 😞✓
<b>A. Is your intervention credible to NHS adopters?</b>	1		Based on sound evidence		Little or no solid evidence	
	2		Independent external evaluation		No evaluation at all	
	3		There is evidence that the model has been tested by early adopters and can work in settings outside the original context.		The model has not yet been tested elsewhere in different contexts.	
	4		The model is supported by eminent individuals, influencers and institutions		The model is supported by few or no eminent individuals and institutions	
<b>B. How observable are the interventions outcomes and results?</b>	5		The impact is very visible to casual observation; tangible		The impact is not very visible; not easily communicated to public	
	6		Clearly associated with the intervention		Not clearly associated with the intervention	
	7		Evidence and documentation exists		Currently little or no evidence with clear emotional appeal	

			with clear emotional appeal			
<b>C. How relevant is the intervention?</b>	8		Addresses an objectively significant, persistent problem		Addresses a problem which affects few people or has limited impact	
	9		Addresses an issue which is currently high on the policy/political or public health needs led agenda		Addresses an issue which is low or invisible on the policy/political or public health agenda	
	10		Addresses a need which is sharply felt by potential beneficiaries, who will act as a voice or champion for the intervention creating a market 'pull'		Addresses a need which is not sharply felt by potential beneficiaries and is unlikely to be championed or to create a market 'pull'	
<b>D. Does the intervention have relative advantage over existing practices?</b>	11		Current solutions for this issue are considered inadequate, costly or unreliable		Current solutions are considered adequate, good value and reliable.	
	12		Superior effectiveness to current solutions is clearly established		Little or no objective evidence of superiority to current solutions	
	13		Superior effectiveness to other innovative models established		Superior effectiveness to other innovative models not established	
	14		Implementable within existing systems, infrastructure, costs and human resources		Requires new or additional systems, infrastructure, costs or human resources	
	15		Contains a few components easily added onto existing systems		Is a complete or comprehensive package of multiple components	
	16		Small departure from current practices and behaviours of <i>target population</i>		Large departure from current practices and behaviours for <i>target population</i>	
<b>E. How easy is the intervention to transfer and adopt?</b>	17		Small departure from current behavioural		Large departure from current behavioural Practices, norms and culture of <i>adopting</i>	

			Practices, norms and culture of <i>adopting organisation(s)</i>		<i>organisation(s)</i>	
	18		Few decision makers are involved in agreeing to adoption of the model		Many decision makers are involved in agreeing to adoption	
	19		Demonstrated effectiveness in <b>diverse and multiple</b> organisational settings		Demonstrated effectiveness only in original setting	
	20		The model is not particularly value or process intensive		Process and/or values are an important component of the model	
	21		Low technical sophistication of the components and activities of the model		High technical sophistication of the components and activities of the model	
	22		Key innovation is a clear and easily replicated <i>technology</i> e.g. vaccine without the need for complex adaptation		Focus of the model is not a <i>technology</i> , or is an innovation that requires complex adaptive change and is not easily replicated	
	23		Low complexity; simple with few components and easily added on to existing systems		High complexity with many components; integrated package	
	24		Includes little input for implementation, ongoing supervision and monitoring		Includes substantial input for implementation, ongoing supervision and monitoring.	
<b>F. How testable is the intervention?</b>	25		Able to be tested by users on a limited scale		Unable to be tested without complete adoption at a large-scale	
<b>G. Is there a sustainable source of funding?</b>	26		Superior <i>cost-effectiveness</i> to existing or other solutions clearly established		Little evidence of superiority in terms of <i>cost-effectiveness</i>	
	27		Requires low level commitment of funds and or organisational		Requires a high level of funds and or organisational capacity to test and sustain	

			capacity to test and sustain			
	28		The intervention itself has a built-in funding mechanism (e.g. user fees) or can demonstrate a return on investment.		No built-in funding; dependent on external funding source	
<b>Total number of checks</b>						

### Signposting to other resources

- Resources to support impact: <https://www.weahsn.net/our-work/west-of-england-academy/resources-the-innovation-journey/resources-to-support-impact/>