NHS
National Institute for Health Research

What difference does access to a demand-led evidence briefing service make to uptake and use of research evidence by NHS commissioners?

Paul Wilson
Alliance Manchester Business School

paul.wilson@manchester.ac.uk

Context

NHS
National Institute for Health Research

Health and Social Care Act 2012

Each clinical commissioning group must, in the exercise of its functions, promote

- research on matters relevant to the health service
- the use in the health service of evidence obtained from research

Early development

NHS National Institute for Health Research

- Early work with local decision makers in CLAHRC to provide evidence informed answers to real world questions
- Briefings based on existing synthesised evidence
  - Systematic reviews (DARE, Cochrane)
  - Economic evaluations (NHS EED)
  - Guidelines (NICE)
- Feedback positive, but service developmental

Methods

NHS National Institute for Health Research

Nine CCGs received one of three interventions to support the use of research evidence in their decision-making:

a) On demand access to an evidence briefing service provided by CRD

b) Access to advice and support from CRD but not bespoke evidence briefings in response to questions raised

c) 'Standard service' unsolicited push of non-tailored evidence by CRD

Wilson PM, et al. *Implement Sci* 2015;10(1):7.

Outcome measures

NHS National Institute for Health Research

- Assess CCGs ability to acquire, assess, adapt and apply research evidence to support decision making
- Clinical leads and managers intentions to use research evidence in decision making
- Documentary evidence of use
- Benchmarking survey with other CCGs as a guard against maturation bias

Demand led requests

NHS National Institute for Health Research

24 topics raised by participating CCGs

- **Conceptual**: not directly linked to discrete decisions or actions but to provide knowledge and awareness of possible options for future actions
- **Symbolic**: to justify or lend weight to pre-existing intentions and actions
- **Instrumental**: limited to explicit disinvestment processes

(See: https://www.york.ac.uk/crd/publications/evidence-briefings)

Impact at 12 months

NHS National Institute for Health Research

- No increases in CCG capacity to acquire, assess, adapt and apply research evidence to support decision making,
- Participants remained well intentioned but inconsistent users of research evidence
- Informal nature of decision making processes meant that there was little or no traceability of use of evidence

Reflections

NHS National Institute for Health Research

- Hard to justify resource intensive service when requests for input are iterative and evolving in nature and without obvious endpoints or decisions
- CCGs well intentioned but not well served by current infrastructure and or available expertise
- Public health teams remain well placed to be ‘critical friends’
- Current policy explicitly incentivises innovation and integration but no equivalent incentive for fulfilment of statutory duties in respect of use of evidence obtained from research

Summary

NHS National Institute for Health Research

Access to a demand-led evidence briefing service did not improve the uptake and use of research evidence by NHS commissioners compared with less intensive and less targeted alternatives

Resource intensive approaches to providing evidence may best be employed to support instrumental decision making

Further comparative evaluation and clarification of the role and value of demand led services in other contexts and settings may be warranted

Disclaimer

NHS National Institute for Health Research

Paul Wilson, Kate Farley, Liz Bickerdike, Alison Booth, Duncan Chambers, Mark Lambert, Carl Thompson, Rhiannon Turner, Ian Watt. Effects of a demand-led evidence briefing service on the uptake and use of research evidence by commissioners of health services: a controlled before and after study. *Health Serv Deliv Res* Southampton: NIHR Journals Library, Forthcoming. http://www.nets.nihr.ac.uk/projects/hsdr/12500218

This presentation describes research funded by the NIHR HS&DR programme (Project ref: 12/5002/18). The views expressed are those of the authors and do not necessarily reflect those of the NIHR HS&DR programme, NIHR CLAHRC Greater Manchester or the Department of Health.