



MIDLANDS AND LANCASHIRE
COMMISSIONING SUPPORT UNIT

Strategy Unit



The "living" evidence review: embedding evidence in the development of new models of care

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@Strategy_Unit

Purpose of presentation

- To share with you our experiences of embedding evidence in transformation programmes.
- To reflect on the implications for library and information professionals.



Background

Context

Health service in England:

- Experiencing rising demand for healthcare and:
- Under increasing financial pressures

Five Year Forward (NHS 2014)

- Transformation of services involving health and social care
- New care models: hospital, community and general practice settings.
- Vanguard sites – transformation programmes developing new models of care.
- Vanguard sites require to provide evidence to support programmes.

New Models of Care - Vanguard Sites

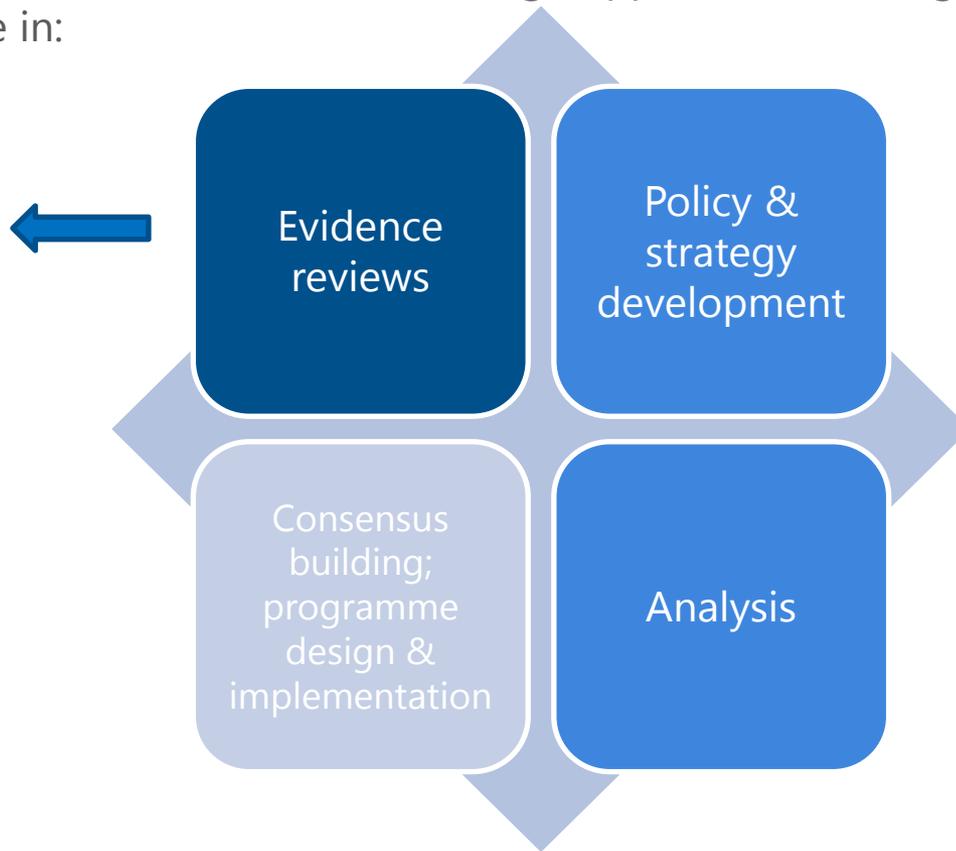


NHS England (2015)

Strategy Unit - Who we are

Part of Midlands and Lancashire Commissioning Support Unit. Strategy Unit: skills and expertise in:

Connect decision makers with research and practice through evidence summaries and syntheses.



Evidence Challenges

Vanguard sites require to provide evidence to support programmes.

But:

- Growing recognition of the complexity, ambiguity, volatility and uncertainty (Ghate et al., 2013, The Evidence Centre, 2010)
- Planning and evaluating transformative change through a complex adaptive system lens (Snowden and Boone, 2007, Best et al., 2012).

Therefore –

- more dynamic approach was needed to capture emerging evidence throughout the lifetime of the programme and to embed evidence within formative evaluation.



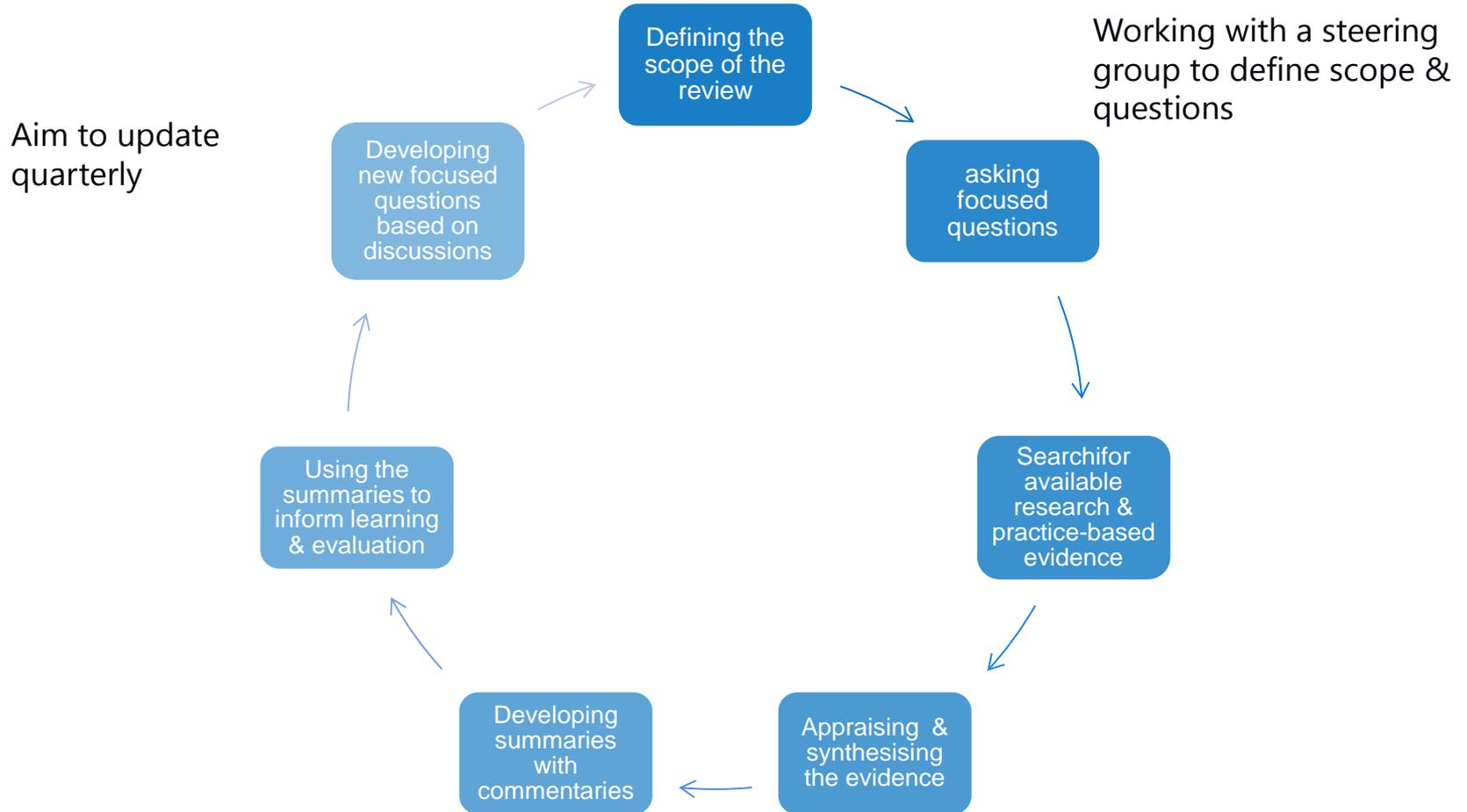
The Living Review

Our approach

Capture emerging evidence throughout the lifetime of the programme and to embed evidence within formative evaluation.

- Methodology to help decision makers learn from research and practice and to embed this learning into the formative evaluation of new care models to inform design, implementation and evaluation.
- Developing a pragmatic methodology inspired by the concept of the “living systematic review”(Elliott et al, 2014).
 - Up-to-date summaries of health research updated as new research becomes available.
- Creating and testing knowledge products designed to meet the needs of busy decision makers and key influencers.

Our methodology



Outputs

Three topics:

- Primary Care at Scale
- Multi-disciplinary Teams
- Outcomes Based Contracts

Multi-disciplinary Teams – questions:

How are integrated and multidisciplinary teams defined in different contexts? Which services are typically included?

What are the key components of integrated and multidisciplinary teams? For example, how are patients assessed and targeted?

How do such teams work in practice? What are the benefits/challenges of working in this way?

What seems to be most important about the design and implementation of such teams? What seems to work in which contexts and why?

What effect do teams have on: health outcomes; patient experience; staff satisfaction; workload; emergency admissions; social isolation; sustainability?

Results



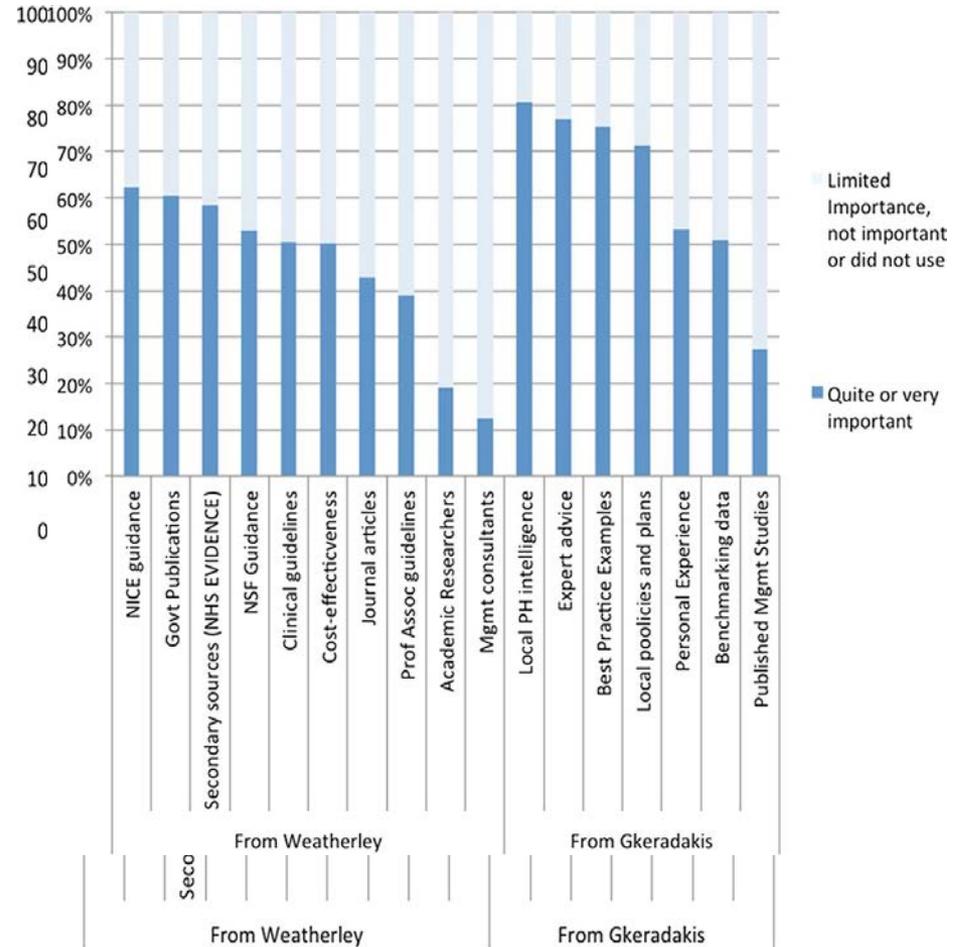


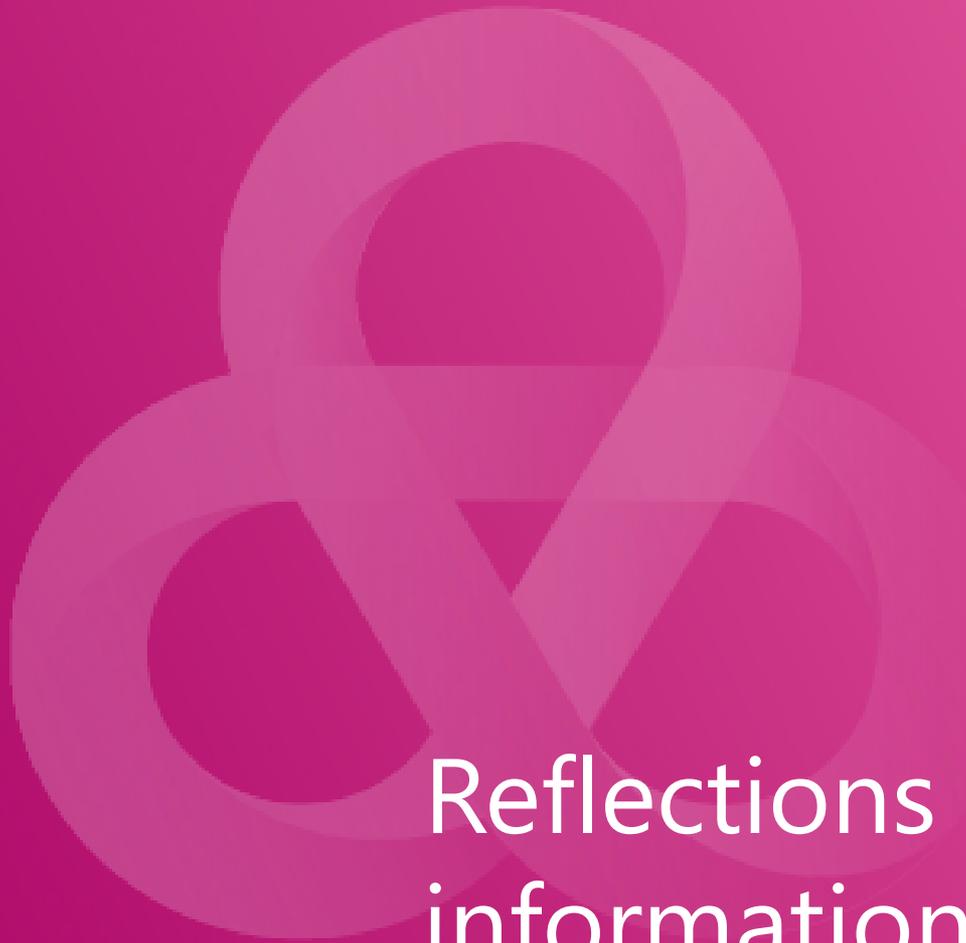
Reflections

Challenges

- Steering group – different perspectives
- Choice of question/topic – evidence
- Presentation of results – Breckon & Dodson (2016)
- Process of updating

Clarke et al. (2013)

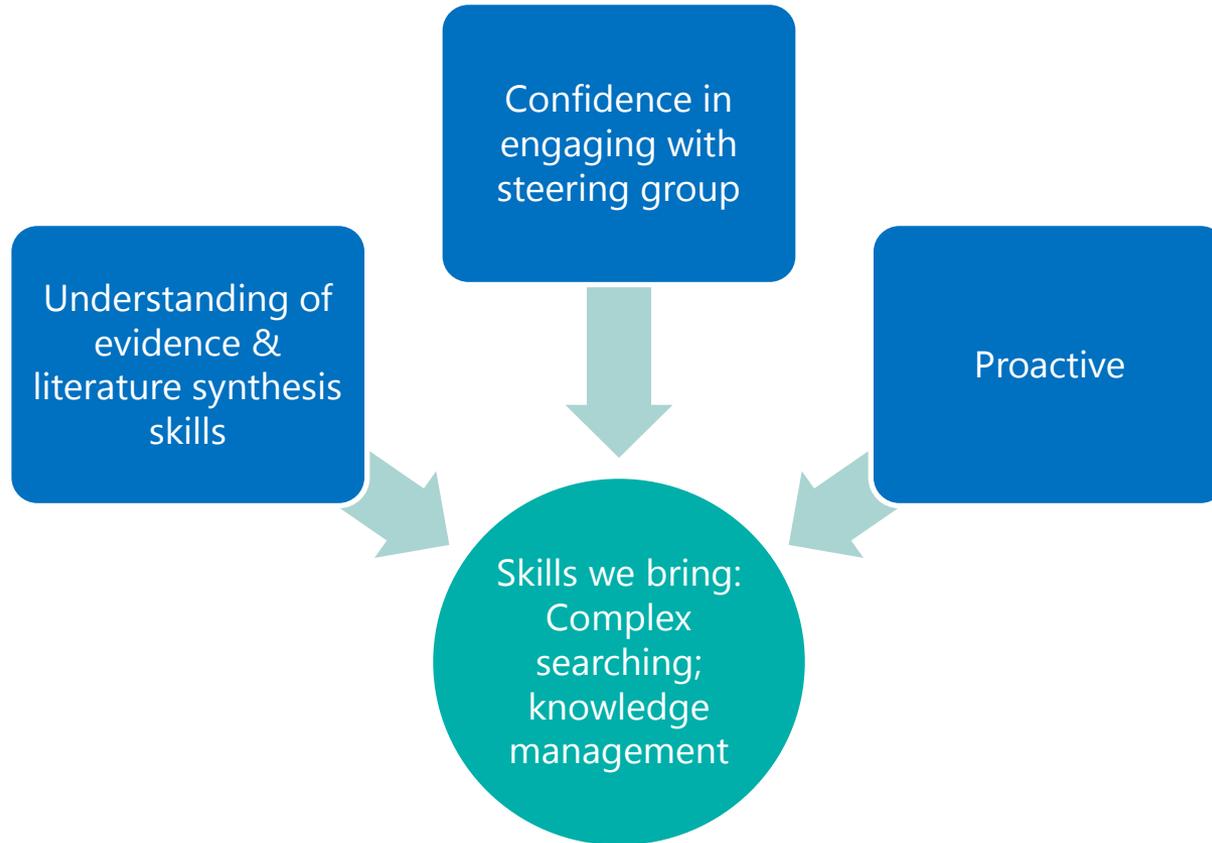




Reflections on our role as information professionals

An extended role for information professionals?

Our skills





Thank you

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