



MIDLANDS AND LANCASHIRE  
COMMISSIONING SUPPORT UNIT

Strategy Unit



# **Perspectives and insights into how evidence and knowledge can inform large scale change in health care**

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# Purpose of presentation

To share with you the findings of a small study exploring the use of evidence and knowledge in large scale change

To reflect on the implications for library and information professionals



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# Study design

# Why is this important?

The health service in England:

- is under increasing financial pressure
- is experiencing rising demand for healthcare

Solutions are needed to address these issues which involve transforming health and social care:

- There is a growing recognition of the inherent complexity of healthcare transformation
- Transformation programmes are required to demonstrate a clear evidence base for change

BUT...

we know use of evidence is variable and inconsistent

SO....

we need a better understanding of how evidence is perceived and used

# Research questions



# Approach

## Methodology:

Qualitative case study

## Setting:

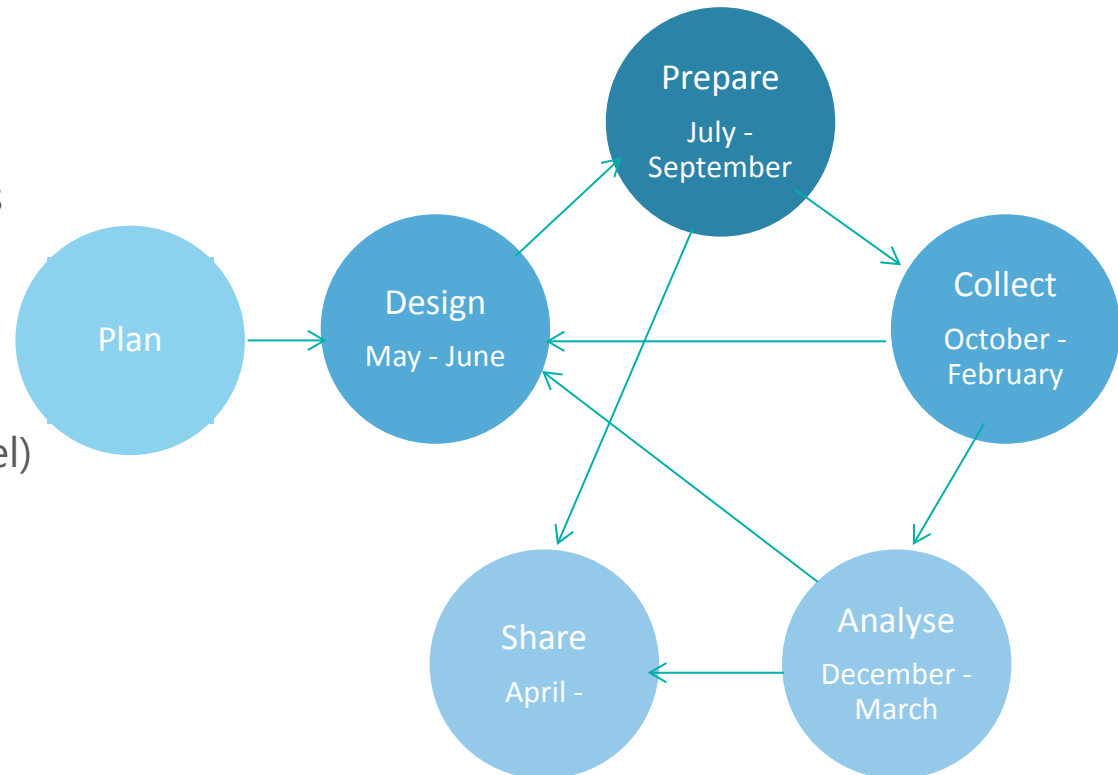
A national (England) programme to develop and deliver new care models

## Methods:

- Purposive sample of sites and individuals (national and local level)
- Semi-structured interviews
- Document analysis
- Literature review

## Analysis:

Framework analysis





# Study findings



# Perspectives

- Broad interpretations of what constitutes evidence
- A need to integrate multiple sources and types of evidence, to consider evidence "in its totality"
- "Variance in value" with preferences towards practice-based and patient-generated evidence
- Context is important to help understand how evidence may apply locally

*"I suppose it's possibly information that helps support implementation of interventions to show a good or bad, positive or negative impact on a person, an individual or a society."*

*"You can vary this, you absolutely can't vary that because if you vary that it loses the essence of what it was. And those are the kind of tools I think people would find genuinely useful, kind of assessment tools to allow them to make an assessment of it"*

# Processes

- Evidence typically used in earlier phases to inform case for change and design
- Experiences of “information poverty” and “information overload”
- Knowledge sharing across sites considered important to “fail fast, learn fast”
- Time pressures suggested a “satisficing” strategy (stopping when they feel the information is “good enough”)
- Barriers at different levels:
  - Evidence: e.g. hard to use
  - Individual: e.g. skills/confidence
  - Organisational: e.g. capacity
  - National programme: e.g. support not aligned with delivery
  - Wider system: e.g. fragmented support

*“I suppose we didn’t go off and do formal horizon scans and PICO [an approach to devising a literature search strategy] things and search for trials, we had a lot of the information already there because this is work that’s been built on.”*

*“I see my role as a clinical leader, to get on and do what is blindingly obvious and I really don’t want to spend a lot of my actual personal time, or that of my team, building up the evidence base which is out there anyway. Somebody else can do that and put it in a nice pack if they wish but I really need to just get on and do what I need to do”*





# Study conclusions

# General conclusions

- Evidence is important particularly for informing design, building consensus and challenging assumptions
- Whilst evidence is used to support the design of large scale change, there is little to suggest this is sustained through the lifecycle of the programme
- Iterative change advocated by systems thinking is changing users' requirements (demand side) but the way we all work has yet to catch up!



# Opportunities to improve evidence use

- Helping decision makers to apply evidence locally by being more explicit about the context of research and evaluation studies
- Balancing rigour and timeliness by identifying which questions warrant rapid review or in-depth research
- Embedding evidence and knowledge mobilisation throughout the life of a programme, aligning with formative evaluation, through pragmatic products such as “living reviews” and “evidence maps”
- Researchers and practitioners working together to prioritise research questions using methods which support iterative change
- More collaboration in evidence support to reduce duplication

*"I think it's the timeliness – it's a key issue, because for me I'd rather have something that was 90% accurate quickly than 100% accurate in 6 months time because the pace at which we are expected to work doesn't allow for that, if that makes sense."*

A large, faint, light-orange background logo that resembles a stylized knot or a complex interlocking shape, possibly a Celtic knot or a similar traditional motif.

# Some reflections on our role as information professionals

# An extended role for information professionals?

Moving beyond a “support service” towards an embedded role?

- Design
- Implementation – iterative experimentation
- Evaluation

Skills we can bring:

- Complex searching
- Qualitative synthesis
- Knowledge mobilisation
- Knowledge management

Are you involved in supporting large scale change/transformation of health and care services?

- Please get in touch



NHS Change Model

<http://www.nhs.uk/capacity-capability/change-model.aspx>



Thank you  
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