Pragmatism in evidence synthesis and translation; a perspective on the evaluation of systems transformation Conference of Evidence-Based Health Care. (abstract only)

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The ecosystem of evidence- connecting , generation, synthesis and translation

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Title

Pragmatism in evidence synthesis and translation; a perspective on the evaluation of systems transformation

Background-Evaluation practices vary widely and are more or less oriented to the utilisation of the data and conclusions (Patton 2011). Utilisation evaluation as an approach promotes the careful consideration of feasibility, stakeholder engagement within a framework of ethical and respectful boundaries.

In a recent evaluation of the Extended Primary Care Programme (EPCP) in a Northern UK City, a population-based, health outcomes approach was taken, with the goal of facilitating a formative and summative evaluation of benefits achieved through facilitating patient access to primary care. The programme being evaluated was a £9.5million investment in additional services and included longer opening hours in general practice, additional pharmacy provision and a range of schemes to enable integrated practice across community and social care.

This paper reports on some of the tensions and methodological problems to be overcome when working with a range of stakeholders in complex evaluation and some conclusions are drawn from a critical reflection on the process and outcomes of this particular programme of work.

Aims- This is a critical reflection on the outcomes of an evaluation that sought to support leaders at all levels to make the best decisions about systems improvement support by best-evidence (Chauhan et al 2017).

The evaluation of the EPCP is used as an example of systems transformation requiring complex programme evaluation to report on the health outcomes and impact.

Methods-The evaluation of the EPCP was designed on a logic model, provided by the sponsor organisation and was submitted for University Ethics approval. The design of the study included qualitative and quantitative elements, a process evaluation plan to bring partners and stakeholders together to validate primary data and an economic analysis. In addition a patient and public involvement (PPI) panel was recruited at the start of the programme to run alongside the evaluation and to comment at various intervals on the outcomes of the evaluation, with a view that this patient perspective could inform decision-making and progress of the evaluation. The evaluation sought to provide a synthesis of evidence for 16 schemes of activity and required on-going dialogue and consensus with sponsors who were a primary care organisation in partnership with a care commissioning group. This critical reflection was produced for the purpose of understanding 'knowledge into action' and was based on collecting the views and opinions of the research team, during and after the evaluation, so that dissemination and organisational learning was captured for further systems-academic partnerships

Results

1. Early in the evaluation - the 16 schemes of activity were mapped to the outcomes of the whole programme. The mapping and contracting activity identified that health outcomes were not available.
2. Scheme level activity data was contracted but the majority of schemes were only able to report activity data, based on additional investment in new capacity, with no linkage to effectiveness and only one scheme used patient experience survey .
3. The Return on Investment (ROI) calculations were restricted by permissions to link to the Hospital Episodes via NHS number (NHS Digital) thereby additional activity couldn't be linked to the utilisation of secondary care.
4. The PPI recruitment was achieved but recognised that they were not the users of new services. The infrastructure to undertake further engagement and or patient education was not part of the transformation programme.
5. Four process evaluation events were planned with all stakeholders at service level invited to share options and discuss the progress of the programme. After the first event -that was well attended and evaluated well- further events were delayed or cancelled, resulting in a reduction in the opportunity to engage in active and multidirectional dialogue about the evaluation outcomes.

6. Methodological limitations and problems were encountered and in some cases managed., for example the qualitative data achieved a framework analysis of GP perceptions of service transformation and improving access that was valuable and important to report on the critical knowledge that GP's hold about demand on primary care
7. The overall evaluation reported on significant additional activity in primary care but was unable to report demand management at local level. Additional services/ patient appointments were taken up, demonstrating that capacity stimulated or met further demand.

Limitations-Data synthesis within evaluation is a particularly 'real-world' academic activity and requires further development and methodological development. This critical evaluation presents some of the problematic methodological and stakeholder issues encountered. The outcomes of this evaluation fell short of the expectations to fully synthesise the evidence and outcomes of a substantial systems transformation programme. We observed a lack of capacity in stakeholders' understanding of health informatics and systems transformation that reduced the impact of the evaluation.

Conclusion-Complex programme evaluation is an important facet of systems transformation and clinical managers and systems leaders are often committed to developing and redesigning services but seldom have experience with utilisation of evaluation.

Evaluation teams seek to structure and facilitate processes to ensure that research underpins decision-making in service change and there is a need to carefully consider the utilisation context to achieve a synthesis that supports transformation.

Considerable investment and expectations of cost reduction and quality improvement were associated with reducing hospital admissions (Barker et al 2017). Considerable planning and pragmatic decisions are needed to build and correct expectations of data synthesis.

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Further underpins in service change

Complex programme evaluation is an important facet of systems transformation and clinical managers and systems leaders are committed to improving services but seldom have experience with utilisation of evaluation. A structured and facilitated process included qualitative and quantitative elements, a process evaluation plan to bring partners and stakeholders to utilise primary data in planning but there was a need to carefully consider the utilisation context. Further patient and public involvement (PPI) at programme level was needed to support decision-making. Considerable investment and expectations of cost reduction and quality improvement were associated with reducing hospital admissions (Barker et al 2017) but this was not achievable. Considerable planning and pragmatic decisions are needed to build and correct expectations of data synthesis that supports transformation.