

# 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

Paul M Wilson,<sup>1\*</sup> Kate Farley,<sup>2</sup> Liz Bickerdike,<sup>3</sup>  
Alison Booth,<sup>4</sup> Duncan Chambers,<sup>5</sup> Mark Lambert,<sup>6</sup>  
Carl Thompson,<sup>2</sup> Rhiannon Turner<sup>7</sup> and Ian S Watt<sup>8</sup>

<sup>1</sup>Alliance Manchester Business School, University of Manchester, Manchester, UK

<sup>2</sup>School of Healthcare, University of Leeds, Leeds, UK

<sup>3</sup>Centre for Reviews and Dissemination, University of York, York, UK

<sup>4</sup>York Trials Unit, University of York, York, UK

<sup>5</sup>School of Health and Related Research, University of Sheffield, Sheffield, UK

<sup>6</sup>Public Health England North East Centre, Newcastle upon Tyne, UK

<sup>7</sup>School of Psychology, Queen's University Belfast, Belfast, UK

<sup>8</sup>Department of Health Sciences, University of York, York, UK

\*Corresponding author

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## Plain English summary

### Effects of a demand-led evidence briefing service

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## Plain English summary

In the NHS, Clinical Commissioning Groups (CCGs) are the bodies responsible for the planning and commissioning of health-care services in a defined local area. In 2012 it became a duty for CCGs to use evidence obtained from research in their decision-making. The aim was to help ensure that effective health-care interventions and ways of working are adopted and that procedures and practices of low or no clinical benefit were no longer used.

We know that acquiring, assessing, adapting and applying research evidence in health-service decision-making can be problematic. This study involved staff from nine CCGs and assessed different ways of delivering evidence obtained from research to support decision-making. Two of the CCGs had access to a responsive (i.e. demand-led) evidence briefing service provided by researchers at the University of York. Over the course of the study, the service addressed 24 topics raised by the two CCGs. The majority of requests dealt with options for delivering and reorganising services and the evidence provided raised awareness about possible options for future actions.

Over the course of 1 year, we measured whether or not having access to the service had improved uptake and use of research evidence by commissioners compared with the alternative interventions. We found that the evidence briefing service was not associated with increases in CCG capacity to acquire, assess, adapt and apply evidence obtained from research in their decision-making. Low response rates and missing data limit the reliability of these findings.

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