

# Improving the capabilities of NHS organisations to use evidence: a qualitative study of redesign projects in Clinical Commissioning Groups

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**Disclaimer:** This report contains transcripts of interviews conducted in the course of the research and contains language that may offend some readers.

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## Plain English summary

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## Plain English summary

Clinical Commissioning Groups (CCGs) comprise managers, doctors, nurses, consultants and other health-care professionals. These groups make decisions about health-care services in local areas. Because the NHS needs to improve care *and* spend less money, CCGs must design the best possible services. Evidence use is one means to achieve this, but this is far from straightforward. Often, the needs of evidence users are not met or understood by evidence producers. To inform evidence-based CCG work, we conducted research at eight CCGs across England. Through case studies at each CCG, we found that decisions are based on a range of different evidences, including those produced in scientific research, local data, expertise and experiences and examples from elsewhere. We also found that certain conditions and practices (capabilities) increase the chances of evidence use, particularly those that encourage and manage stakeholder engagement and collaboration. We also visited a producer of evidence for use by NHS commissioners. We found that they hold varied ideas about how other people pick up and use evidence. We suggest that it is important to support NHS commissioners in understanding and identifying different categories of evidence relevant to their work and in using these together. We also identify specific capabilities that, our findings suggest, help enable the use of evidence. Based on our findings, we designed a learning tool (an online resource for self-assessment) aimed at supporting commissioning organisations in developing their own capabilities to use evidence when redesigning services.

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