

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

Jacqueline Swan,<sup>1\*</sup> Emmanouil Gkeredakis,<sup>1</sup>  
Rachel M Manning,<sup>1</sup> Davide Nicolini,<sup>1</sup> David Sharp<sup>2</sup>  
and John Powell<sup>3,4</sup>

<sup>1</sup>Warwick Business School, University of Warwick, Coventry, UK

<sup>2</sup>Optum Healthcare, London, UK

<sup>3</sup>Nuffield Department of Primary Care Health Sciences, Medical Sciences Division, University of Oxford, Oxford, UK

<sup>4</sup>National Institute for Health and Care Excellence, London, UK

\*Corresponding author [jacky.swan@wbs.ac.uk](mailto:jacky.swan@wbs.ac.uk)

**Declared competing interests of authors:** John Powell works part-time (0.5 whole-time equivalent) for the National Institute for Health and Care Excellence as a Consultant Clinical Adviser in the Centre for Health Technology Evaluation. John Powell is a member of the National Institute for Health Research Health Technology Assessment and Efficacy and Mechanism Evaluation Editorial Board and was previously a member of the NIHR Journals Library Editorial Group. David Sharp was a NHS employee at the beginning of the project, and the NHS is an organisation that funds and uses research. David Sharp currently works at Optum Healthcare, an organisation that sells commercial services to the NHS.

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

Published May 2017

DOI: 10.3310/hsdr05180

## Scientific summary

### Improving the capabilities of NHS organisations to use evidence

Health Services and Delivery Research 2017; Vol. 5: No. 18

DOI: 10.3310/hsdr05180

NIHR Journals Library [www.journalslibrary.nihr.ac.uk](http://www.journalslibrary.nihr.ac.uk)

# Scientific summary

## Background

Innovation driven by authoritative evidence is a key priority for the NHS. Much of the responsibility for innovation rests with NHS Clinical Commissioning Groups (CCGs), which are tasked with designing services to meet local health needs. Evidence-based products and recommendations are increasingly supplied to assist CCGs in making effective evidence-based decisions. However, the uptake of evidence in health-care contexts is problematic and patchy. A major challenge, then, for NHS commissioners is to proactively and strategically consider how their organisations can be better equipped to take hold of, and use, evidence in service design and delivery decisions. Alongside evidence users, the supply of authoritative evidence does not always connect closely to demand. Therefore, another consideration is to better match evidence production to the realities of evidence use.

## Objectives

Of relevance to these challenges are findings from a rich stream of research on evidence 'pull' (demand) and 'push' (supply) in health-care settings. In terms of 'pull', the theoretical approach of knowledge mobilisation is particularly relevant. This situates evidence use as a locally situated social and political process. It shows, for example, that health-care workers often rely on evidence from a variety of sources, including their peers, in a form that is compatible with their daily activity. For these reasons, equipping NHS organisations for evidence use may begin with identifying what evidence is used and when in decision-making processes, that is, the 'evidence journey'. This is the first objective of our project.

In addition to understanding what evidence is used, work is needed to identify and articulate how NHS organisations can develop and improve their capabilities to use evidence effectively. Some previous research has shown that evidence use may be improved by certain enabling practices and conditions in the decision-making context. One practice that has an obvious importance in CCG work is to proactively manage relationships among stakeholders to create coalitions. There is, however, a dearth of research on the topic of capabilities for evidence use in health-care management, and so we seek to identify and clearly articulate the practices and organisational conditions that support commissioners in using evidence. This is the second objective of our project. Our secondary interest relates to evidence 'push'. Here, we gain insights into how evidence producers envisage end-users, and how this relates to the realities of commissioning work. Research on 'inscribed meanings' provides important insights here. This work encourages us to consider how evidence producers expect that their research will be used in practice. Understanding the meanings inscribed in evidence products provides further insights into discrepancies between producer expectations and user reality. This is the third objective of our project.

## Method

Building on previous research, we adopt a comparative research strategy to investigate how commissioning organisations use evidence, especially National Institute for Health and Care Excellence (NICE) evidence given its importance to health and social care reforms. Based on eight case studies of CCGs involved in redesigning services, we describe what evidence is used and identify capabilities for evidence use. We compare across the cases to explain how more successful evidence journeys differ from relatively less successful ones. Specifically, we understand evidence use, objectives and stakeholder experiences in the light of capabilities in the CCG for evidence use. We also conducted a small number of interviews and observations with evidence producers to better understand evidence 'push'.

## Results

Our analysis suggests, first, that, in addition to NICE evidence, CCG stakeholders use a mix of different kinds of evidence to inform decision-making in their redesign work. Applying both inductive and deductive coding, we categorise these evidences as 'universal', 'local', 'expertise-based' and 'trans-local'. The first two categories (universal and local) were used in all CCG projects, with stakeholders attempting to understand how authoritative guidelines and standards could be implemented in the local context. Expertise-based evidence was most often used to understand and identify solutions. The last evidence (trans-local) involved taking and applying local evidence originating from another place in the current context. Trans-local evidence was used to identify new ways of providing services and was usually accessed through informal channels.

The four categories of evidence identified in our study were never used in isolation; instead, stakeholders mobilised multiple categories together to inform sense-making across the redesign process. Importantly, and as expected, using these evidences was far from straightforward. Personal, social and political challenges were just some of the barriers stakeholders faced in their efforts to conduct evidence-based redesign work.

Although there were certainly challenges, there were also clear enablers of evidence use. From our cases, we identified five capabilities that were shown to enable and enhance evidence-based decision-making in commissioning organisations. These were 'sourcing and evaluating evidence', 'engaging experts', 'effective framing', 'managing roles and expectations' and 'managing expert collaboration'. Although the first capability refers to actively gathering, evaluating and applying relevant evidences, capabilities were largely social, rather than technical, in nature. That is, evidence use was visibly enhanced when CCGs worked to engage stakeholders in contributing and legitimating evidence, often through effective framing, and managing individuals' role expectations and group collaborations.

Comparing across cases provided important insights into relationships between evidence use, capabilities for evidence use and project outcomes. We considered redesign project outcomes in terms of evidence use (i.e. overcoming challenges), stakeholder experiences (i.e. how satisfied or dissatisfied redesign actors were) and objectives (i.e. whether or not project objectives were met). We found that CCGs with the fewest capabilities for evidence use also reported the most challenges in their redesign attempts. The frequency of capabilities was not directly proportional to outcomes, that is, more capabilities did not necessarily mean equivalently better outcomes. Instead, applying relevant capabilities as necessary in context seemed to be more beneficial to evidence-based redesign work. We suggest that commissioning groups should be supported to develop capabilities and understand when and how to apply them.

Importantly, we are keen to ensure that findings become actionable in the real world, and so we have developed a toolkit to enable stakeholders to assess their capabilities to use different types of evidence and to identify opportunities for improvement. The toolkit documents routes to effective evidence use, accounting for organisational dynamics and complexities. It contains questions intended to help commissioning stakeholders and redesign teams to reflect on how well they use evidence and to identify opportunities for improvement. Toolkit development was supported by an Economic and Social Research Council Impact Acceleration Grant (July–December 2016). A secondary set of findings relates to an exploratory study of 'push' by evidence producers (the start of the evidence journey). Specifically, we consider how producers *think* their evidence should, and will, be used by commissioning organisations, and how this meaning is inscribed in their work and artefacts (e.g. published guidance). We identify three main 'discourses of evidence users': 'discourse of production', 'discourse of audience feedback' and 'discourse of implementation consultancy and marketing'. The first discourse is more traditional, assuming that the quality of published evidence itself assures its route into practice. The second and third discourses reflect alternative knowledge mobilisation views that consider evidence production and use as a socially dynamic process. The co-existence of these three discourses among producers indicates an evolving landscape for the production of evidence, one that may be more aligned with user needs and practices in future years.

## Conclusions

In sum, we show that commissioning groups making redesign choices use multiple evidences. Evidence use is often informed by applicability and accessibility rather than by mode of production. Evidence use is a dynamic sense-making process dependent on the task at hand. It is not, however, completely random or fortuitous. Instead, certain organisational conditions and practices enable effective evidence mobilisation. These capabilities entail effectively managing social and political issues that arise in redesign work in which multiple forms of expertise are needed. We show, albeit in a preliminary way, a relationship between evidence use capabilities and project outcomes. We also shed light on the way in which the production of evidence-based products may reflect and shape their use.

The findings provide a tool aimed at supporting commissioning groups to improve evidence use by understanding the political and social nature of redesign work. More broadly, identifying, developing and applying capabilities relevant to context may be a means of ensuring more effective evidence-based redesigns in the NHS. In identifying these implications, we make a small but important contribution to evidence-based innovation in this context.

## Funding

Funding for this study was provided by the Health Services and Delivery Research programme of the National Institute for Health Research.

# Health Services and Delivery Research

ISSN 2050-4349 (Print)

ISSN 2050-4357 (Online)

This journal is a member of and subscribes to the principles of the Committee on Publication Ethics (COPE) ([www.publicationethics.org/](http://www.publicationethics.org/)).

Editorial contact: [journals.library@nihr.ac.uk](mailto:journals.library@nihr.ac.uk)

The full HS&DR archive is freely available to view online at [www.journalslibrary.nihr.ac.uk/hsdr](http://www.journalslibrary.nihr.ac.uk/hsdr). Print-on-demand copies can be purchased from the report pages of the NIHR Journals Library website: [www.journalslibrary.nihr.ac.uk](http://www.journalslibrary.nihr.ac.uk)

## Criteria for inclusion in the *Health Services and Delivery Research* journal

Reports are published in *Health Services and Delivery Research* (HS&DR) if (1) they have resulted from work for the HS&DR programme or programmes which preceded the HS&DR programme, and (2) they are of a sufficiently high scientific quality as assessed by the reviewers and editors.

## HS&DR programme

The Health Services and Delivery Research (HS&DR) programme, part of the National Institute for Health Research (NIHR), was established to fund a broad range of research. It combines the strengths and contributions of two previous NIHR research programmes: the Health Services Research (HSR) programme and the Service Delivery and Organisation (SDO) programme, which were merged in January 2012.

The HS&DR programme aims to produce rigorous and relevant evidence on the quality, access and organisation of health services including costs and outcomes, as well as research on implementation. The programme will enhance the strategic focus on research that matters to the NHS and is keen to support ambitious evaluative research to improve health services.

For more information about the HS&DR programme please visit the website: <http://www.nets.nihr.ac.uk/programmes/hsdr>

## This report

The research reported in this issue of the journal was funded by the HS&DR programme or one of its preceding programmes as project number 12/5002/20. The contractual start date was in September 2013. The final report began editorial review in June 2016 and was accepted for publication in January 2017. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The HS&DR editors and production house have tried to ensure the accuracy of the authors' report and would like to thank the reviewers for their constructive comments on the final report document. However, they do not accept liability for damages or losses arising from material published in this report.

This report presents independent research funded by the National Institute for Health Research (NIHR). The views and opinions expressed by authors in this publication are those of the authors and do not necessarily reflect those of the NHS, the NIHR, NETSCC, the HS&DR programme or the Department of Health. If there are verbatim quotations included in this publication the views and opinions expressed by the interviewees are those of the interviewees and do not necessarily reflect those of the authors, those of the NHS, the NIHR, NETSCC, the HS&DR programme or the Department of Health.

**© Queen's Printer and Controller of HMSO 2017. This work was produced by Swan *et al.* under the terms of a commissioning contract issued by the Secretary of State for Health. This issue may be freely reproduced for the purposes of private research and study and extracts (or indeed, the full report) may be included in professional journals provided that suitable acknowledgement is made and the reproduction is not associated with any form of advertising. Applications for commercial reproduction should be addressed to: NIHR Journals Library, National Institute for Health Research, Evaluation, Trials and Studies Coordinating Centre, Alpha House, University of Southampton Science Park, Southampton SO16 7NS, UK.**

Published by the NIHR Journals Library ([www.journalslibrary.nihr.ac.uk](http://www.journalslibrary.nihr.ac.uk)), produced by Prepress Projects Ltd, Perth, Scotland ([www.prepress-projects.co.uk](http://www.prepress-projects.co.uk)).

## **Health Services and Delivery Research Editor-in-Chief**

**Professor Jo Rycroft-Malone** Professor of Health Services and Implementation Research, Bangor University, UK

## **NIHR Journals Library Editor-in-Chief**

**Professor Tom Walley** Director, NIHR Evaluation, Trials and Studies and Director of the EME Programme, UK

## **NIHR Journals Library Editors**

**Professor Ken Stein** Chair of HTA Editorial Board and Professor of Public Health, University of Exeter Medical School, UK

**Professor Andree Le May** Chair of NIHR Journals Library Editorial Group (EME, HS&DR, PGfAR, PHR journals)

**Dr Martin Ashton-Key** Consultant in Public Health Medicine/Consultant Advisor, NETSCC, UK

**Professor Matthias Beck** Chair in Public Sector Management and Subject Leader (Management Group), Queen's University Management School, Queen's University Belfast, UK

**Dr Tessa Crilly** Director, Crystal Blue Consulting Ltd, UK

**Dr Eugenia Cronin** Senior Scientific Advisor, Wessex Institute, UK

**Ms Tara Lamont** Scientific Advisor, NETSCC, UK

**Dr Catriona McDaid** Senior Research Fellow, York Trials Unit, Department of Health Sciences, University of York, UK

**Professor William McGuire** Professor of Child Health, Hull York Medical School, University of York, UK

**Professor Geoffrey Meads** Professor of Health Sciences Research, Health and Wellbeing Research Group, University of Winchester, UK

**Professor John Norrie** Chair in Medical Statistics, University of Edinburgh, UK

**Professor John Powell** Consultant Clinical Adviser, National Institute for Health and Care Excellence (NICE), UK

**Professor James Raftery** Professor of Health Technology Assessment, Wessex Institute, Faculty of Medicine, University of Southampton, UK

**Dr Rob Riemsma** Reviews Manager, Kleijnen Systematic Reviews Ltd, UK

**Professor Helen Roberts** Professor of Child Health Research, UCL Institute of Child Health, UK

**Professor Jonathan Ross** Professor of Sexual Health and HIV, University Hospital Birmingham, UK

**Professor Helen Snooks** Professor of Health Services Research, Institute of Life Science, College of Medicine, Swansea University, UK

**Professor Jim Thornton** Professor of Obstetrics and Gynaecology, Faculty of Medicine and Health Sciences, University of Nottingham, UK

**Professor Martin Underwood** Director, Warwick Clinical Trials Unit, Warwick Medical School, University of Warwick, UK

Please visit the website for a list of members of the NIHR Journals Library Board:  
[www.journalslibrary.nihr.ac.uk/about/editors](http://www.journalslibrary.nihr.ac.uk/about/editors)

**Editorial contact:** [journals.library@nihr.ac.uk](mailto:journals.library@nihr.ac.uk)