Exeter-Cardiff-Birmingham Public Health Review Team

Research Plan v 1.0[1]

Our team blends expertise from three internationally leading public health research groups: Evidence Synthesis and Modelling for Health Improvement (ESMI) at the University of Exeter Medical School (director G.J. Melendez-Torres); DECIPHer at Cardiff University (deputy director Rhiannon Evans); and the Institute for Applied Health Research at the University of Birmingham (knowledge mobilisation lead Joht Singh Chandan). Team members named as co-investigators include Jo Thompson Coon, Ruth Garside, Kath Maguire, Sophie Robinson and Elliot Kenton.

RESEARCH PLAN

Our general approach to managing and timetabling projects will be informed by best practice in evidence synthesis. Each review will begin with negotiation and confirmation of questions, scope, methods and timescale for delivery, and formulation of a research team. This process will be informed by rapid scoping of the evidence base in terms of evaluability (quality, quantity and relevance) of the proposed question and discussion with key stakeholders. A brief summary will be circulated to public partner networks for comment by email and, where appropriate, it will be discussed at their scheduled meetings. The goal of this consultation will be to surface any contextual policy or practice issues relevant to the proposed review. The length of this process can be anywhere between two weeks and two months, especially where multiple projects are running in parallel.

Beyond this rapid consultation, stakeholder involvement and engagement will be considered a priority for all reviews, as confirmed by our extensive experience in public health generally(1, 2) and in evidence synthesis specifically.(3, 4, 5) We will timetable this to coincide with expected opportunities for input throughout a review's lifecycle. We will engage with our standing stakeholder panel (see **Patient and public involvement** below) to establish, for each review, a topic expert advisory committee of five to six diverse experts including members of the public, local and national government, academic institutions, voluntary and charity sector, and non-traditional public health (e.g. police forces). If we identify additional expertise is needed beyond our standing panel, we will undertake a stakeholder mapping exercise to identify appropriate experts and reach out to them directly or via existing networks.

Timetables for completion will include at least one midpoint check-in with the policy customer to ensure that the review team's emergent findings meet the policy customer's needs, as well as a period before the report is submitted in which the working draft will undergo internal peer review and quality checks. This is between one month and two weeks prior to the submission deadline. Review processes will be auditable and transparent and will be facilitated by Covidence, web-hosted applications for the management and conduct of reviews. Where appropriate, we will draw on advances in automated screening and artificial intelligence to accelerate the pace of systematic reviews, and we have experience of developing bespoke tools for this purpose.(6, 7)

Protocol preparation. The first milestone is agreement of the scope and corresponding preparation of the review protocol. Review protocols will adhere to appropriate reporting guidelines and will be registered on PROSPERO. Reviews may include specific target bodies of evidence (e.g. outcome evaluations) or may require parallel, integrative syntheses of process/implementation evidence, intervention theories of change, or economic, epidemiological or qualitative evidence. We will draw on our breadth of expertise in review methods and on our topic expert advisory group to specify the target body of evidence and to ensure that the most appropriate and robust method is used for each question and corresponding body of evidence, including methodological innovation where this is required.(5, 8)

Part of developing a protocol for a systematic review is planning a search. Our goal will be to effectively balance specificity and sensitivity. We will always begin with 'core' database searches (e.g. MEDLINE, Embase, PsycINFO) alongside additional specialist databases as needed (e.g. for reviews of intervention effectiveness, Cochrane Library; for reviews with evidence relevant to social care, ASSIA). Search terms will include an optimal blend of free-text terms, database-specific subject headings and methodological filters (e.g. for randomised trials). Search strategies may also require identification of grey literature, contact with experts and citation chasing via examination of included studies' reference lists and of papers which cite an included study. Given the potentially tight timeline of reviews required, it

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may be appropriate to a) update existing high-quality systematic reviews, and b) use specialised registers for study identification (e.g. via a Cochrane review group). The searches will be recorded using PRISMA guidelines. This will include the list of databases searched, recording of the date searched and the search strategies used for each database. A search summary table will be produced detailing which database and method of searching found each of the included references.

In tandem with search and protocol development, we will identify a target body of evidence and draft corresponding inclusion and exclusion criteria. We will specify a working and well-validated set of criteria at the start of the review with iteration and adaptation of the criteria, if necessary, as the review progresses. Target study designs will differ depending on the review questions. For all types of inclusion criteria, the key considerations will be that criteria will generate relevant evidence and support development of a meaningful answer for the policy customer. This may require restricting evidence to certain contexts or populations, targeting specific types of variation in context or intervention implementation to assess what works for whom or where, excluding evidence that is likely to be irrelevant due to its age, or (where necessary) prioritising qualitative evidence that is most likely to support conceptual development. Prioritisation will be informed by our topic expert advisory group. Where systematic reviews consist of multiple linked syntheses, we will specify multiple sets of inclusion criteria in parallel.

Study selection. Study selection will be undertaken in two stages: first, by screening titles and abstracts, and second, by scrutinising the full texts of screened records against the inclusion criteria. We will prefer independent double screening, supplemented by test sets to calibrate and agree criteria. Depending on timeline, volume of hits and difficulty of study identification, single-screening of titles and abstracts may be used. We will initially manage selection using Covidence for rapid allocation of abstracts. Throughout screening, we will consider whether calibration of inclusion criteria is necessary to clarify, restrict or expand criteria in order to ensure the utility of the review's findings. These changes will be agreed and documented as changes to protocol.

Appraisal and synthesis. We will use appropriate tools to appraise included studies (e.g. for randomised trials, the Cochrane risk of bias tool). Synthesis methods will be pre-specified to match questions and target bodies of evidence. Synthesis relating to intervention effectiveness will likely draw on at least one of the following methods: narrative synthesis, meta-analysis (including network meta-analysis), meta-regression, or qualitative comparative analysis. Narrative synthesis will be the method of choice when economic evaluations are synthesised, since meta-analysis with these studies is often inappropriate. For qualitative evidence synthesis, we will use established methods determined by the goal of the analysis: to summarise and describe findings, or to develop and theorise based on qualitative studies. Specific methods may include meta-ethnography with especially rich qualitative studies, thematic synthesis with diverse study quality and depth, and framework synthesis when a pre-specified framework is to be used to categorise findings for description and summary. Consultation with our topic expert advisory group will help draw out key points of relevance and implications for UK public health.

In some cases, synthesis will require inclusion of multiple evidence types, or integration of parallel syntheses. This may be done via one of several methods: realist synthesis, when the goal is to understand where and how interventions work, and for whom;(9, 10, 11) qualitative comparative analysis,(12, 13) when implementation findings can be used to inform an analysis of differences in intervention heterogeneity; or framework synthesis, when evidence from a diversity of types is to be combined in one framework.(14) Evidence syntheses produced as part of this grant may also include overviews of reviews and scoping reviews.(15, 16) Overviews of reviews are primarily of value when a field is well-synthesised, a horizon scan is needed for priority setting, and timelines are especially pressing. Scoping reviews are most relevant to consider evidence in a relatively broad area.

Health inequalities and transportability. We will consider health equity as a core question in each review, drawing on tools such as FOR-EQUITY and PROGRESS+ (see **Equity, diversity and inclusion** below). For example, when considering intervention effectiveness, we will distinguish between equity in effects (do interventions work better or less well for groups experiencing inequity?)(17) and equity in mechanisms (how do interventions worsen or ameliorate health inequities?);(18) and consider the degree to which findings are relevant in UK contexts.(19) This is a critical point for engagement with our topic expert advisory group and with our stakeholder panel more broadly, for example in terms of understanding how 'new' inequities could be generated in UK contexts by interventions trialled elsewhere. We will use appropriate tools and synthesis methods to capture equity impacts and considerations in reviews, and underpin this with stakeholder consultation, including public partner focused discussions. Synthesis of effects on social gradients is likely to be narrative, but may draw on

moderator analyses within trials, meta-regression comparing findings across trials based on trial population composition, and harvest plots picturing the distribution of evidence for social gradients.

Where reviews are intervention-focused, we will also scrutinise transferability and transportability of evidence from other contexts, using stakeholder consultation and tools developed by investigators.(19) We will also use logic model development as an adjunct to review findings. In our experience, this helps clarify the boundaries of the interventions considered (what is and is not a 'case' of the interventions being synthesised) and develop shared understanding of similarities and differences across instantiations of the intervention of interest.

EQUITY, DIVERSITY AND INCLUSION IN RESEARCH

We will ensure equity, diversity and inclusion throughout our research in several ways. First, we have assembled a diverse investigator team. Second, RE is the named lead for health inequalities, including overseeing health equity-relevant synthesis in each included review. Third, and by corollary, we have stated that health equity over a broad range of characteristics will be a focal aspect of each and every review we undertake. This is important because:

- primary evidence in reviews may not itself reflect effective inclusion of equity-seeking and seldom-heard groups;
- findings from reviews should be scrutinised for relevance to equity-seeking groups; and
- included interventions (where relevant) should be scrutinised for their potential to exacerbate or ameliorate inequities.

In addition, we will make specific efforts to ensure breadth of participants in our involvement and engagement. We will use broad and accessible involvement strategies, taking advantage of our multi-institutional group and wider networks to ensure effective engagement with underserved groups. We have robustly costed involvement and engagement to minimise barriers to involvement.

Finally, an important way we can ensure our evidence syntheses are inclusive is by ensuring that their dissemination is inclusive and reaches all relevant stakeholders. We will consider this carefully as part of the tailored dissemination strategy for each review we undertake.

PATIENT AND PUBLIC INVOLVEMENT

We will assemble two panels: a broad group focusing on policy and impact, and a more focused group supporting governance and oversight of the work programme. Central to our approach to involvement and engagement will be a consideration of health equity, and how our review findings can be explored through effective involvement and engagement to draw out implications relevant to these groups.

A dedicated **public, policy and impact stakeholder panel**, will comprise members of the public alongside representatives from local authorities, OHID/UKHSA, public sector services, and the charity and voluntary sector. This group of experts will support each review throughout its lifecycle (scoping and formulation, synthesis, implications and dissemination). The panel will meet on an ad hoc basis. We will also draw on this group to form more focused topic expert advisory groups for each review. We will convene this group for a yearly update. This panel will recruit from existing statutory and public partner networks at Exeter and DECIPHer.

In addition, we will draw on our extensive experience of involvement and engagement and our standing resources across all partners to assemble a **multi-institutional governance group**, with foci on oversight and on the overall effectiveness of the programme of work. This group will be co-chaired by team members, and will include members of the public from all localities represented in the review team.

We will engage with public partner networks to refine research questions and prioritise key interests using a range of online and in-person approaches tailored to their requirements. For each review, we will develop a bespoke and targeted involvement and engagement plan. Consistent with NIHR-INCLUDE guidance, these plans will foreground equity, working with public and local authority partners to ensure that voices from underserved groups are included and heeded.

DISSEMINATION AND ANTICIPATED IMPACT; INTENDED PRODUCTS AND OUTPUTS

A cornerstone of our dissemination strategy is a dedicated website for the review team. This website will serve as a central repository for our work, including public-facing dissemination materials. This website will be regularly updated throughout the life cycle of the review team. In addition, we will develop a tailored strategy for each review, but each strategy is likely to include the following outputs:

1. **Plain language evidence summaries and creative dissemination**. We well co-create plain language summaries tailored for relevant audiences, working with our stakeholder panel and topic expert advisory group. We may offer the evidence summaries to relevant organisations where we anticipate that they will form the basis of written contributions to newsletters, web sites and blog posts. We may also use them as the basis for creative communication products. In previous projects we have created short video clips, podcasts and infographics which were distributed via social media as well as being embedded on websites.
2. **Peer reviewed publications.** In addition to outputs for *Public Health Research*, we will produce brief publications for submission to high-impact, peer-reviewed journals. Investigators in this review team have published over 400 distinct papers in peer-reviewed journals. Our approach to publication will combine a focus on specialist audiences with submission to high-impact major journals where review topics are of appropriate general public health interest.
3. **Methodological publications.** Where appropriate, we will take the opportunity to prepare publications for submission to specialist methodological journals in systematic reviewing or public health research, e.g. *Research Synthesis Methods*(5, 8) or *Systematic Reviews*,(20) to disseminate learning from innovative methods developed in the programme of work.
4. **Conference presentations and policy briefings.** We will seek opportunities to present our research at local, national, and international conferences and seminars. We will work with our project advisory group to identify suitable opportunities.

In every case, our dissemination strategy will benefit from stakeholder consultation, with public and statutory sector partners having opportunities to co-produce and co-author outputs. Developing a review-level bespoke dissemination strategy will maximise opportunities for impact. We will draw on our extensive policy and practice networks, as well as NIHR resources (see **Further funding or support required**), to create additional opportunities for evidence to reach relevant decision-makers and service users. It is possible that our work will lead to the development of innovative intervention approaches or suggest a need for evaluation of the same. Where this is the case, we will prepare applications for onward funding to undertake this work.

OUTPUTS ENTERING THE HEALTH AND CARE SYSTEM

Outputs will enter the health and care system via a dissemination strategy discussed with key stakeholders and taken forward through presentation at specialist venues, including UK-specific public health conferences (e.g. Society for Social Medicine and Population Health, Faculty of Public Health), as well as via SPHR, PHIRST, and other NIHR resources; and local authorities, including our network of local authority research champions. We will also take advantage of links with both Public Health Wales and OHID/UKHSA to consider how best to disseminate findings from our reviews. Findings from systematic reviews commissioned under this call may support guideline development, and may be commissioned for this purpose. Investigators have experience leading and supporting these processes.

ANTICIPATED IMPACTS OF RESEARCH

Anticipated impacts will vary based on the policy customer and the goal of the review: to suggest ‘best bet’ interventions (e.g. via meta-analysis), to provide a framework for decision-making (e.g. via realist synthesis or qualitative evidence synthesis) or implementation, or to inform needs assessment (e.g. via epidemiological analysis). Our account of anticipated impacts is informed by the NIHR Public Health Research Programme Logic Model. The timescale of benefits for any one review will depend on the stage of the decision-making process it informs. In every case (and as described in **Outputs entering the health and care system** and **Possible barriers for further research, development, adoption**), we will amplify impacts by blending optimal choice of synthesis method, high-quality public involvement and careful engagement with relevant stakeholders, including the policy customer. This will lead to short-term impacts in improved confidence and quality of decision-making, leading to medium-term benefits for public health services, and longer-term benefits for public health policy and public wellbeing. Importantly, these impacts may be realised beyond the immediate decision-making context. We will work to realise these broader impacts via high-quality dissemination, including across our policy and practice networks.

SHARING PROGRESS AND FINDINGS WITH STUDY PARTICIPANTS

Because this is a programme of evidence synthesis, we do not expect to have study participants as such. However, for each completed review, we will ensure that we ‘close the feedback loop’ with public stakeholders whom we consulted. We will do this via a combination of output dissemination (including

where these outputs are public-facing, such as briefing papers), webinars and, where stakeholders desire, individual communication.

TEAM MANAGEMENT

Project management occurs at multiple levels: the specific evidence synthesis project, the programme of work and the overall contract. All investigators have a robust and successful record of joint and multi-institutional working, including with each other, across a range of projects. Underpinning our approach to team management is a high-quality virtual workflow integrating review conduct, review reporting and project management. This workflow is fully compliant with information governance requirements. Dedicated administrative support for this project will ensure effective team management.

Specific reviews. Individual reviews will be managed in accordance with our established and robust approach to project management. We have developed this approach over the last 20 years of serving the evidence needs of NICE, the NIHR, the DHSC and other government departments. We will prepare detailed schedules for each review which will cover protocol development and signoff, search and selection, extraction and synthesis, involvement and engagement, report preparation and editing, and dissemination, and accounting for midpoint check-ins with the policy customer. Timelines will be checked in weekly project team meetings, using a standing diary slot for transacting the work of the team across all member institutions, to proactively mitigate identified risks and to ensure any need for additional resources are met. Internal peer review and quality checks will be conducted prior to draft report submission.

For each review, a senior lead (see below in **Programme of reviews**) will lead the scoping and negotiation process with the policy customer, including involvement in all meetings and direct oversight of protocol preparation. The senior lead will continue to oversee and chair project meetings for each review on a weekly basis. The senior lead will also be responsible for reporting to the management group on the progress of individual reviews, contributing to programme-wide management. At the midpoint of each review, an interim quality assurance check will be undertaken, especially to prevent 'mission drift' in each review relative to the needs of the policy customer. This will include a meeting with each policy customer and with an identified quality assurance lead not directly involved in the day-to-day conduct of each review. As each review nears conclusion, additional quality checks will be undertaken (see above in **Proposed ways of working**).

We use operational expertise to streamline the project management process and to ensure a consistent approach to the conduct and production of final reports. Each project will be followed by a debrief, to identify key learning points and continuous improvement of team internal knowledge, skills and experience. Group working will be facilitated the virtual workflow optimised over the last five years in PenTAG and successfully used across all member institutions, including SharePoint to host projects.

Programme of reviews. GJMT, RE and JSC will share responsibilities in leading reviews on the basis of match to topic and method expertise. Teams will be formulated based on match between topic, method and researcher profiles, also to include information specialist expertise and relevant methods support. Each review will be staffed by two of three researchers. For each review, one researcher will be the lead systematic reviewer, so that at any one time, a research fellow is leading day-to-day work on one review and supporting another. JTC and RG will provide senior methods support, contribute to review design and writing, and provide expert internal review. SR will provide senior expertise in information science. KM will provide leadership, and EK specialist advice, in involvement and engagement.

GJMT, RE and JSC will meet weekly as a management group to coordinate work across centres, and all investigators will be invited to join biweekly as needed. Meetings will focus on accounting for projects in progress, managing any future risks and work programme 'pinch points', and forecasting future resource needs for current and planned projects. All investigators and researchers will meet monthly to update on review progress.

While it is a strength that investigators lead a range of NIHR investments in evidence synthesis, we wish to reassure as to the ability of the team to meet the expectations of this responsive programme of work where deadlines may clash across different investments. First, we will fully resource this contract with dedicated researchers to minimise competing 'pinch points' from shared staffing across responsive investments, while also benefiting from peak period capacity due to the rich base of expertise in ESMI, DECIPHer and Birmingham. Second, we have built in redundancy in terms of number and range of leads to ensure that there is at least one lead available for any project, and throughout a given project. Third, frequent progress management will ensure that any pinch points are forecast and managed by resource reallocation or redeployment if needed.

Overall contract. GJMT will be the point of contact for NIHR and will be accountable for contract management and reporting. Working with dedicated administrative support, GJMT will liaise with research management professionals at all member institutions to submit the required twice-yearly progress reports to NIHR. All investigators have experience of engaging with NIHR reporting requirements, including Researchfish and outputs management.

ETHICS

Because this is a programme of evidence synthesis, we do not expect to require ethics for individual reviews. However, we will prepare an application for standing ethical approval for our involvement and engagement arrangements as a safeguard and to ensure the highest standards of conduct, though we have historically had confirmation that these arrangements are exempt from ethics approval.

SUCCESS CRITERIA AND BARRIERS TO PROPOSED WORK

We will judge the success of our work for this contract over several levels.

At review level, we will measure success by:

- robust quality of reviews, measured by successful peer review within the NIHR Journals Library;
- utility for decision-making, measured by policy customer feedback;
- effective involvement and engagement, measured by outputs (number of stakeholders engaged, number of engagement opportunities) and outcomes traceable impacts from stakeholder views to the produced work; and
- timely delivery of reviews according to agreed timescales.

At the programme of work level, we will measure success by:

- dissemination in academic venues, measured by consistent publication of high-impact journal articles;
- dissemination in policy, practice and service user contexts, measured by consistent creation of public-facing outputs;
- effective involvement and engagement, measured by a programme-level account of how involvement and engagement have impacted the work of the team; and
- impact on public health, measured by traceable and auditable pathways from review to public health decision-making;
- impact on evidence synthesis methods, measured by uptake of newly developed methods across other evidence synthesis groups; and
- impact on capacity development in evidence synthesis, measured by progression and development of staff employed on the contract.

At the contract level, we will measure success by:

- effective resource deployment, measured by appropriate spend across budget categories; and
- effective contract management, measured by auditable governance documentation.

Like all projects, this programme of work accrues a number of risks.

Staff retention and absence is a challenge in many academic contexts. We will mitigate this risk by ensuring careful attention to staff development and mentoring. We have a record of remarkably low turnover in research staff across our teams, and all institutions hold Athena SWAN Silver Awards. In situations of unexpected absence, we will draw on our considerable standing capacity in evidence synthesis (ca. 150 researchers across all three member institutions) to ensure delivery is not threatened.

Peaks and troughs in work are also a challenge. As described above (see **Team management**), we have specifically built in redundancy in leadership capacity to accommodate this and can also access significant standing capacity to help with pinch points. Weekly meetings of the team leads will forecast any peaks and troughs and proactively deploy resource to address this.

Review-level success can be impacted by changes in policy customer needs, or unexpectedly poor quality of evidence. We will mitigate these risks by undertaking careful scoping in the run-up to each review, and by ensuring that ongoing engagement with the policy customer tracks any evolution in needs. Where necessary, we will renegotiate review scope to match changing demands.

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