Workshop aims

- describe methods to deliver both “rapid” and “responsive” products
- discuss the benefits and challenges of different approaches
Workshop structure

- brief description of what we do
- contrasting examples from both centres
- discussion in groups
Background

The NIHR HS&DR programme has commissioned two national centres to provide rapid evidence syntheses on issues of relevance to the health service, and to inform future calls for new research around identified gaps in evidence.

The two Evidence Synthesis Centres are based in the Universities of York and Sheffield.
Background

• For each topic we synthesise the evidence and summarise our evaluation of the quality and strength of findings.
• We produce targeted outputs in appropriate formats to enable decision makers to use research evidence.
• The aim is to produce authoritative single-source documents which provide simple key messages in complex areas.
Stages in our syntheses

• Clarifying the question

• Rapid and responsive methods

• Dissemination
Developing a methodological framework for organisational case studies

Rapid review and consensus development process
Clarifying the question

- HS&DR noted many proposed organisational case studies were poorly articulated and/or methodologically weak.

- Lack of clarity about research question(s), sampling frame/strategy, theoretical basis, planned analyses.
Clarifying the question

- Aimed to:
  - Identify the characteristics of good quality case study research
  - Develop **reporting standards for organisational case study research**, with particular application to the NHS
Rapid and responsive methods

Rapid evidence synthesis and Delphi consensus process developed in three stages:

1. A **rapid review** of the existing literature to identify possible items for a reporting standard
2. A modified **Delphi consensus process** to develop and refine content and structure
3. **Verification** of the high-consensus Delphi items against two samples of organisational case studies to assess their feasibility as reporting standards
Rapid and responsive methods

Rapid review

• Relevant **organisational case studies** and **methods texts** identified through searches of library catalogues, health and social science databases, websites, and key text and author searches

• Possible items for inclusion in a reporting standard were extracted, coded and de-duplicated
Rapid and responsive methods

Delphi consensus process
- Items from the rapid review were sent to a Delphi expert panel for rating over **two successive rounds**
- “High consensus” threshold set at 70% agreement among respondents for each item
- Participants asked to rate each item as being ‘Essential’, ‘Desirable’, or ‘Not necessary’ for the reporting of organisational case studies
- Also opportunity to adapt the provisional framework
Rapid and responsive methods

Verification of high-consensus items

- High-consensus items from the Delphi consultation were then applied to two sets of case study publications:
- ‘Example’ organisation case studies identified from the literature
- High quality ‘exemplar’ case studies identified by HS&DR
## Dissemination

### Consensus standards for reporting organisational case studies

<table>
<thead>
<tr>
<th>Reporting item</th>
<th>Reported on page no.</th>
<th>Justification for not reporting given on page no.</th>
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<tbody>
<tr>
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Dissemination

- NIHR journals library
  - Recommendations for commissioning
- Academic journal article
- Added to EQUATOR network library
- 2-page “Evidence Briefing”
Evidence summaries

Reporting standards for organisational case studies

This summary is based on a project to identify the characteristics of good quality organisational case study research and devise reporting standards with particular application to the UK NHS.

The reporting standards were developed in three stages:

- A rapid review of the existing literature to identify reporting items.
- A modified Delphi consensus process with a panel of experts to develop and refine the structure and content.
- Application of the list of high-consensus Delphi items to samples of organisational case studies to assess their feasibility as reporting standards.

The standards aim to improve the consistency, rigour and reporting of organisational case study research.

The standards are intended primarily as a tool for authors of organisational case studies.

The standards outline broad requirements for rigorous and consistent reporting, without constraining methodological freedom.

Consensus standards for the reporting of organisational case studies

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Urgent care review

Sheffield HS&DR evidence synthesis centre
Clarifying the question

- What evidence is there on the effectiveness of different models of delivering urgent care?
- Framework derived from NHS England document (5 themes)
- Interest in identifying key evidence gaps
Rapid and responsive methods

- Topic experts in review team
- Extensive use of existing systematic reviews
- Limited quality assessment of primary research
- Bulk of work completed in approx. 6 months
Dissemination

- Project web site
- NIHR journals library
- NIHR Dissemination Centre
- Academic papers
- Research commissioning
Congenital heart disease rapid review

Sheffield HS&DR evidence synthesis centre
Clarifying the question

• Purpose was to inform the NHS England review on reconfiguration of CHD services

• “What is the relationship between organisational factors and outcomes for congenital heart disease services?”

• Review focused on relationship between surgical case volume and mortality
Rapid and responsive methods

- Short timescale determined by NHSE deadlines; large team of 8 reviewers
- Exhaustive searching/inclusion not feasible; no additional papers identified by international experts or clinical panel
- Summary description of methodological limitations, no individual quality appraisal
Dissemination

- Discussion of review by panel minuted
- Review included in evidence for public/stakeholder consultation phase
- HSJ articles citing the rapid review
- Rapid review published in BMJ Open
- A direct “pathway to impact” on policy
Topic for discussion

- Services for people with mental and physical health needs
- Integrated care for people with mental health problems
In groups, discuss how you would approach this topic

Use the three stages as a guide:

• clarify the question
• select your methodology
• dissemination plans
What we did

Integrated care to address the physical health needs of people with severe mental illness: a rapid review

• NIHR journals library
  • (HSDR 2016;4(13). doi: http://dx.doi.org/10.3310/hsdr04130)

• Academic journal article drafted

• Poster presentation

• Evidence briefing?
Integrated care to address the physical health needs of people with severe mental illness: a rapid review

Mark Rodgers¹, Jane Dalton², Melissa Harden³, Andrew Street⁴, Gillian Parker⁵, Alison Eastwood⁶

¹Centre for Reviews and Dissemination, ²Centre for Health Economics, ³Social Policy Research Unit, University of York, York, UK

People with mental health conditions have lower life expectancy and poorer physical health outcomes than the general population. We present the findings of a rapid review of published evidence from 2013-2015, including an update of a comprehensive 2013 review, grey literature and insights from an expert advisory group. We sought to identify the most recent evidence and examples of practice for integrated care to address the physical health needs of people with severe mental illness. We included 45 publications describing 36 studies of integrated care.

We followed the Mental Health Foundation Crossing Boundaries framework (2013) which identified nine facilitators of good integrated care for people with mental health problems. Most service models were multi-component programmes incorporating two or more of the nine factors: information sharing systems, shared protocols, joint funding/commissioning, co-located services, multidisciplinary teams, liaison services, navigators, research, and reduction of stigma (see table). Few of the identified examples were described in detail and fewer still were evaluated, raising questions about the replicability and generalisability of much of the existing evidence.

### Mapping the evidence

| Study | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 |
| Factors of integrated care |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Information sharing systems |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Shared protocols |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Joint funding and commissioning |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Co-location of services |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Multidisciplinary teams |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Liaison services |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Navigators |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Research |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Reduction of stigma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

A lack of evaluation and dissemination of local innovations makes it difficult to share best practice. However, some common themes emerged from the evidence on possible ways forward:

- Greater empowerment of people (staff and service users) to help remove everyday barriers to delivering and accessing integrated care for improving the physical health of people with severe mental illness
- Improved communication between committed and adequately skilled professionals and better information technology to support them
- Greater clarity about who is responsible and accountable for physical health, perhaps through shared protocols
- Improved awareness of the effects of stigmatisation on the wider culture and environment in which services are delivered
- Larger scale evaluations that use meaningful, validated and generalizable measures of success
- Greater involvement of service users in the design, conduct and evaluation of programmes

The research reported here is the product of the [York HS&DR Evidence Synthesis Centre](https://www.york.ac.uk/yorkhsdr/), contracted to provide rapid evidence syntheses on issues of relevance to the health service, and to inform future HS&DR calls for new research (Project ref: 13/05/11). Details are presented in the full report: [Health Services and Delivery Research Volume 4 Issue 13 Publication date: April 2016](https://journalslibrary.nihr.ac.uk/hsdr/volume-4-issue-13#abstract)

The views expressed in this publication are those of the authors and do not necessarily reflect those of the NIHR or the Department of Health.