The Principles of Pragmatic Evaluation

Peter Brindle
To create a shared common vision and an action plan for all of us
Some things to think about

What might great look like?
Why is evaluation important?
Why is evaluation not done?
What can we do about it?
What might great look like?

The 4 Rs

- Routine
- Resources
- Risks
- Respond
Why is evaluation important?

• Big investment
• Getting things right
• Harm
• What's good? What's bad?
Why is evaluation not done?

• Not routine – an extra
• Therefore not resourced
• Skills
• PDSA and RCT
• Quality
• Status
Working Vision

“To be a leading collaboration for evaluation excellence, enabling the creation, development and dissemination of evidence based on evaluation, that will inform decision making and practice in both the commissioning and provision of health and social care.”
Pragmatic evaluation: challenges & opportunities

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Purpose:

To produce rigorous and relevant evidence on the quality, access and organisation of health services

Including:

Evaluating new models of health/social care across a whole system
“Many of the innovation gains we should be aiming for over the next five or so years probably won’t come from new standalone diagnostic technologies or treatments……. But we do have an arguably larger unexploited opportunity to combine different technologies and changed ways of working in order to transform care delivery….. Too often single elements have been ‘piloted’ without other needed components. Even where ‘whole system’ innovations have been tested, the design has sometimes been weak….As a result they have produced limited empirical insight”
Opportunities

• Priorities for new research
• Implications for research methods & processes
• Implications for how we get research done

i.e. an opportunity to think afresh about aligning service Innovation and evaluation
# Roundtable discussion

## Opportunities

- Upstream evaluation of whole system change
- Collaborative approaches
- ‘Good enough’ evaluation
- New models in different contexts
- Real time and evolving

## Challenges

- Timeframes
- Different expectations – critical distance
- Privileging different types of evidence
- Heterogeneity and generalisability
- Lack of ‘control’ re evaluation design
Implications

- What is ‘good enough’ evaluation
- Ways of working
- Research design
- How we respond as funders
‘Good enough’ evaluation

Approaches: appropriate evaluation

Local in-house evaluation

- Single service or programme in one locality
- Aim is to demonstrate success locally, for example to commissioning body
- Using locally held/gathered data
- Descriptive analytic methods

Local audit

National audit

Academic evaluation

For example:
- Complex interventions, multiple organisations working regionally
- Aim to demonstrate success nationally, creating new generalizable knowledge
- Involves complex qualitative and quantitative data
- Advanced analytic methods

Mear et al HSJ 2/09/15
Wherever on the continuum...

**WHY** – what do we already know from the evidence – how do we build on that

**WHO** – identify & engage with likely users of research at the outset, including lay perspective

**HOW** – appropriate (mix) of methods, consider use of existing data sets, capture context

**WHAT** – use multiple data sources (impact, care, service, cost outcomes), triangulate

**WHEN** – timing, formative/developmental, summative
Way of working

what researchers collectively **know** (the state of the science)

what practitioners collectively **do** (the state of the art)

... coexist relatively autonomously, with the activity of each having little effect on the other” (Rycroft-Malone et al, 2013)
Engagement

- Closer engagement
- Earlier engagement
- Different rules of engagement
- Participatory/collaborative processes
- Participatory/collaborative organisational relationships (CLAHRCs etc.)
Research design

- How does ‘it’ work & why (not just does it)
- Paying attention to context (re heterogeneity)
- Paying attention to theory (re generalisability/theoretical transferability)
Funding research

- Push the pace:
  - Streaming processes
  - Decision gates
- Setting priorities
- Efficient designs
- Evidence of working with evidence users
- Specific response to 5YFV workshop
Reality of evaluation in health services

WHAT works?

HOW does it work?

INVENTION ➔ EVALUATION ➔ ADOPTION ➔ DIFFUSION
Thank you

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Lunch break – 40 minutes
Introduction to Table Sessions

Trish Harding
TABLE SESSIONS (1)

Aims:

• To explore how we can meet key evaluation challenges and opportunities

• To help create a shared common vision for evaluation within the West of England
TABLE SESSIONS (1)

How will the table sessions run?

• Five tables: each focusing on one of five key evaluation questions

• You will have the opportunity to contribute to three table discussions during this session

• You will find information in your packs on your table allocations
• Discussions at each of the tables will last for 20 minutes

• Each table has a Facilitator and a Scribe to capture the main points from the discussion

• You will be asked to decide on five key points from your discussion to share in the Feedback and Open Discussion after tea/coffee

• You may also write your ideas/comments directly onto the paper tablecloths
TABLE SESSIONS (2)

Aim:

To explore ways in which you, or your organisation, might take forward and act upon the key points from the table discussions this afternoon
TABLE SESSIONS (2)

How will we do this?

• You will be asked to choose the table addressing the evaluation question you feel most drawn towards or can most likely contribute towards

• You can stay at this table for the whole session or move around if you feel you can offer contributions to other tables
• Postcards will be available at the table for you to write a ‘statement of intent’ regarding an action you or your organisation can take forward following this event

• You can post these on the back wall of the room for all to see and for discussion in the next session

• Once again, each table has a Facilitator and a Scribe
<table>
<thead>
<tr>
<th>Table Session</th>
<th>Topic</th>
<th>Facilitator</th>
<th>Scribe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table 1</td>
<td>How do we best involve patients, carers and the public in evaluation?</td>
<td>Anne-Laure Donskoy</td>
<td>Danielle Sapsford</td>
</tr>
<tr>
<td>Table 2</td>
<td>How do we ensure that evaluation is of value to health and social care providers?</td>
<td>Helen Baxter</td>
<td>Jo Bangoura</td>
</tr>
<tr>
<td>Table 3</td>
<td>How do we build a culture of evaluation?</td>
<td>Edmund Brooks</td>
<td>Jessica Maloney</td>
</tr>
<tr>
<td>Table 4</td>
<td>How do we create an ethical approach to evaluation?</td>
<td>Janet Brandling</td>
<td>Megan Lewis</td>
</tr>
<tr>
<td>Table 5</td>
<td>How do we make the trade-off between rigor and relevance?</td>
<td>Emma Gibbard</td>
<td>Tom George</td>
</tr>
</tbody>
</table>
Coffee break – 15 minutes
Feedback from table sessions and open discussion

Peter Brindle
Table 1: How do we best involve patients, carers and the public in evaluation?

1. Timing – PPI takes time and timing outreach PPI, plus outside of 9 - 5.
2. Raising the profile of evaluation will raise the profile of PPI in evaluation
3. Accessibility – language, funding, different media
4. Representativeness – red herring
5. Co-production (genuine)
6. Using patient reported outcome measures vs patient reported measures
7. The difference between involvement in general (engagement) and involvement in research (active participants in the process)
Table 2: How do we ensure that evaluation is of value to health and social care?

1. Need to understand decision makers thinking, context, language and social practice.
2. Decision makers need to be evaluation “savvy” and confident.
3. Decision makers need to be supported with access to evaluation experts
4. Needs to be timely and throughout, from conception to implementation
5. Acknowledge that value is perceived different by different stakeholders
6. Need to understand what the purpose of evaluation is – what needs to be achieved?
Table 3: How do we build a culture of evaluation?

1. Incentivising evaluation
2. Making use of evaluation as part of evidence based decision making for senior managers.
3. Support for a culture of learning
4. Ownership – leadership and the drive to create a change in culture.
5. Aligning strategic evaluation with operational evaluation – and the interaction between the two in terms of priorities and the value of the evidence.
6. Ownership comes from evidence of making a difference which sustains commitment and motivation.
7. Development of trusted relationships.
8. Training and skills – embedding evaluation in everyone’s role.
Table 4: How do we create an ethical approach to evaluation?

1. Changing the focus from it is research or evaluation to what are the risks
2. Ensure evaluation does not contribute to waste of resource e.g. poorly designed evaluation lacks utility or undisseminated findings; No evaluation can contribute to waste e.g. lack of evaluation of transformation (how do we know change is an improvement?)
3. Adequate public involvement for the outset to reduce risk and enhance quality
4. Must be informed by ethical principles such as those used in research
5. Need for accessible guidance- short
6. Evaluation must be proportionate- related to scale of service/ subject, evaluator experience and risk to involvees
7. Use of existing organisational policies and procedures e.g. Caldicot Guardian
8. WHO WILL JUDGE OR ENSURE THIS?
Table 5: How do we make the trade-off between rigor and relevance?

1. Do we have to make a trade-off between rigor and relevance? Is the trade-off actually between timeliness and impact rather than rigor and relevance?
2. Good Evaluation planning: What need are we trying to address? What is the purpose/aims and objectives? What is the evidence base? Who are the stakeholders? Importance of
   1. Getting the question right! If that part is right then rigor can follow.
   2. Relationships, collaboration, coproduction
   3. Risk – what if you don’t do an evaluation, risk if you do?
3. Right tool for the job – range of approaches
4. Data – less of it, clean, useable, relevant and rigorous
5. Solutions – researchers in residence, guidelines
Table session – 30 mins

• How to make it happen?
• Organisational and personal approaches
Declaration of intent – challenges & opportunities. What can host organisations do?

Peter Brindle
Closing remarks

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