THE PRINCIPLES OF PRAGMATIC EVALUATION

Until recently, evaluation had often been criticised for not being effective enough and for not always capturing the unintended consequences of system changes. However, there is now a new impetus and focus on evaluation and on using evaluation as a key instrument in the implementation of the transformation and innovation agendas. Specifically, as the NHS is introducing new models of care under the Five Year Forward View (5YFV), it will be important to understand “what works, why it works and what impact these changes are having on cost and patient outcomes”. Evaluations will need to be fit for purpose by responding effectively and appropriately to the challenges posed by these new models of care. One recommendation from The King’s Fund¹ Implementing the NHS Five Year Forward view: aligning policies with the plan states that:

“Implementation of the Forward View should involve a process of discovery and not design. There should be a commitment to real-time evaluation and learning throughout the process”

Summary of a few key documents

This summary is to be read in conjunction with i) the report from a workshop hosted by the NIHR HS&DR programme to consider the needs of evaluation in the light of the Five Year Forward view, and ii) a synthesis of this report together with the findings a ‘CCG Leadership Series’ event held with senior members of West of England CCGs. Both papers will be found in your pack.

1. Health Services and Delivery Research Programme Workshop

This paper is a report on a workshop held in February 2015 to consider the research and evaluation needs arising from the Five Year Forward View, in particular, what should be the future research topics for the 5YFV for the NIHR HS&DRP, as well as opportunities for evaluation arising from the 5YFV.

Key challenges for research and evaluation identified at the workshop:

- The importance of **timely evaluation**
- Issues of **linkage, data quality and governance** across different settings and agencies leading to difficulties in terms of shared learning.
- The different **expectations** of service/ policy and research. Often services being evaluated had not articulated clear goals of service changes or intended outcomes at the outset.
- The **heterogeneity** of service models, making robust evaluations of more than one site difficult. This was seen in HS&DR funded evaluations of virtual wards, where interventions called virtual wards ranged hugely from multidisciplinary teams to single community matrons.
- This posed problems of **generalisability** for researchers and evidence-based practice. It was hard to draw wider learning from diverse and context-dependent models of care.
- The issue of methodology and **evaluation design**: in particular if models had evolved organically from existing service developments. There may not be distinct start points for service change, making classic before-after study designs difficult.

There was also discussion of the **unit of analysis** and whether it was important to isolate individual components or ‘active ingredients’ of complex system changes.

Evaluations did not always capture the **unintended consequences** of system changes. This included opportunity costs of investments, including impact on other services or patient groups which might be outside the scope of particular evaluations.

At a more fundamental level, service participants noted the difficulty of achieving genuine system transformation, with radical shifts towards prevention and patient-centred care, while meeting exacting performance targets and pressures.

The workshop also identified **key opportunities** for research and evaluation, including:

- Service leaders/policy makers further **upstream** to help clarify goals of service changes, rather than carrying out post hoc evaluations. This could mean engaging with more **co-production** and participatory research models which may be at odds with more traditional forms of evaluation which require critical distance.
- Engaging with more “**good enough**” evaluations while acknowledging that this raises issues of capacity
- Engaging with **sophisticated mixed methods** approaches for complex service changes. This is an opportunity for researchers to develop innovative study designs
- Academic Health Science Networks (AHSNs), with their mission to roll out proven innovations, had an important role as a **system integrator**.

The workshop also identified future research topics linked with the 5YFV and underlined the role of evaluation in exploring system change, doing comparative work across the four countries of the UK, and understanding system leadership. It has also raised the issue of defining “what is evaluation?” – in terms of when is it research and when is it a service evaluation?

Dissemination and shared learning was also identified as an important topic by participants.

2. **Evaluating the introduction of innovations into routine health and social care: balancing rigour and resources**: Discussion paper for the MRC/NIHR Research Methodology Panel: Ruth Boaden, Paul Wilson and Gill Harvey from the NIHR CLAHRC for Greater Manchester and Manchester Business School- June 2015

Main points (from summary):
- Increasingly in the NHS there is a drive to identify and apply innovations that will demonstrate better value for money and improve the quality of care delivered.
- Innovation without adequate evaluation can lead to misattribution of effects and worse, the wider adoption of technologies and practices without proven benefits.
- Prospective pathways for undertaking rigorous experimental evaluation are well defined but with innovation implementation the opportunity, time and resource needed to employ these can be limited.
- We call for a rigorous and incremental approach to evaluation that addresses the “what, why, how, where and for whom” of innovation implementation.
- Evaluation should enable understanding of the process of implementation, the influence of contextual factors as well as quantification of effects.

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Adopting a prospective approach will facilitate more informed decisions in relation to continuation or wider spread.

3. Nuffield: Evaluation of complex care summit 22 June 2015 - event summary:

Overview of evaluation:

Ten points to consider when planning an evaluation: Professor Nicholas Mays

On top of discussions relating to evaluation methods and processes, this Overview highlights the issue of barriers to doing local evaluations, including:

- The additional cost evaluation adds to implementation.
- Reluctance to commit to long-term evaluation as results are needed more immediately to inform commissioning.
- Reluctance to commit to evaluation before being sure if the intervention will be successfully implemented, for example if relies on recruiting volunteers.


Follow up document from the 2000 MRC Framework for the Development and Evaluation for RCTs for Complex Interventions to Improve Health. This updated guidance is recognition that in order for evaluations to inform policy and practice, emphasis was needed not only on whether interventions ‘worked’ but on how they were implemented, their causal mechanisms and how effects differed from one context to another’.

Complex interventions are widely used in health and social care as well as in areas of social policy such as education, transport and housing that have important health consequences. They often present practical and methodological difficulties for evaluators, specifically in terms of: “the difficulty of standardising the design and delivery of the interventions, their sensitivity to features of the local context, the organisational and logistical difficulty of applying experimental methods to service or policy change, and the length and complexity of the causal chains linking intervention with outcome”. The focus of the MRC guidance is therefore mostly on methodology.

Evaluating a complex intervention:

- Practical effectiveness: will the intervention work in everyday practice?; what are the “active ingredients” of the intervention and how will they exert their effect?

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3 https://nuffieldtrust.squarespace.com/evaluationsummit2015
4 https://www.mrc.ac.uk/documents/pdf/complex-interventions-guidance/
“Only by addressing this kind of question can we build a cumulative understanding of causal mechanisms, design more effective interventions and apply them appropriately across group and setting.”

Evaluation must be a key component when developing and implementing an intervention. It is necessary to assess the feasibility of the procedures and pilot the tools before implementing the intervention. Piloting in particular is often “skipped” although “methodological research suggests that this [is] vital preparatory work”.

Developing a complex intervention:

- Identify the evidence base; identify/develop appropriate theory; Model process and outcomes; Assess effectiveness: consider randomisation; Understand processes: undertake a process evaluation; Assess cost-effectiveness: undertake an economic evaluation

Implementation: How to encourage uptake of results

- Implementation should be thought about from the early stages of developing the intervention.
- Dissemination is key:
  - Publication is essential but is only one part of the implementation strategy:
  - Disseminating the results: ‘Would it be possible to use this?’; ‘By whom (national or local policy-makers, opinion leaders/formers, practitioners, patients, the public, etc.)?’; ‘In what population or setting?’; ‘What kind of information’ will be required in order to implement the new evidence; ‘Who (or what) are the facilitators?’; ‘What (or who) are the obstacles?’; ‘Why is your evidence likely to be persuasive?’
- Impact of the evaluation:
  - Getting evidence into practice: use methods which make the results “accessible and convincing” to decision-makers
  - Surveillance, monitoring and long term outcomes:

A summary of the Guidance can also be found in the associated paper at: [http://www.bmj.com/content/337/bmj.a1655](http://www.bmj.com/content/337/bmj.a1655)

5. MRC Guidance Process evaluation of complex interventions

Summary (from associated paper):

This paper addresses a point that was missing from the 2008 MRC Guidance for evaluation (paper above), specifically offering “detail on how to conduct process evaluation” (in trials). This article presents a framework for process evaluation, building on the three themes for process evaluation described in 2008 MRC guidance (implementation, mechanisms, and context)

- It argues for a systematic approach to designing and conducting process evaluations, drawing on clear descriptions of intervention theory and identification of key process questions

6 [http://www.bmj.com/content/bmj/350/bmj.h1258.full.pdf](http://www.bmj.com/content/bmj/350/bmj.h1258.full.pdf)
While each process evaluation will be different, the guidance facilitates planning and conducting a process evaluation.

The concepts and frameworks outlined in the MRC Guidance (2008) have been tested and developed in a recent publication entitled "Complex Interventions in Health - an overview of research methods", edited by D.A. Richards and I.R. Haliberg and published by Routledge, 2015.

Overview:

There is a fair amount of cross-over between the different publications but methodology is the recurrent focus: what works and how, what the challenges are for different types of methodologies, what might yield useful data in the shorter as well as in the longer term while meeting different needs and agendas, such as quick returns (e.g. reducing hospital admissions) versus initiatives which require longer overall investment (e.g. public health interventions), etc. As the Five Year Forward View is the policy driver for the innovation and transformation agendas and this creates a unique opportunity for the role of evaluations to evolve. They are no longer focused solely on service delivery and will have a greater part to play much earlier in the research process, often being designed in parallel to it.

Other issues highlighted by the publications include: capacity and capability, funding, context (reasons for doing an evaluation and/or setting), governance and ethics, public and patient involvement, and dissemination.

However, while the Five Year Forward View focusses on complex interventions there is a need to be mindful that not all evaluations will fall within this "high level" category and there is and will remain to be a need for smaller, more local, more focused evaluations. Only the MRC guidance and linked papers remind us of this dimension and include, for instance, the importance of knowing the context in which the evaluation is taking place and to embed the evaluation researchers in that context as much as possible. From experience I am aware that a lack of awareness of (e.g.) local politics and dynamics can be a real hindrance in running an evaluation, possibly leading to missed opportunities to do things differently. Again, only the MRC guidance and subsequent discussion paper really mention the importance of implementing the active involvement of lay people in the evaluation process (Case study 14), as a means of improving the quality and pertinence of the design and delivery of evaluations, as well as their outcomes.

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