



Finding and using evidence for design and implementation: a quick guide

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Welcome

This quick guide has been developed by the Strategy Unit for the Neighbourhood Health Implementation Programme. It is written to help coaches and sites to use evidence to inform design, implementation and evaluation of neighbourhood health models.

The guide begins with an introduction to evidence and how it can inform decision making, before taking you through the steps involved to find and analyse evidence, with signposting to further resources and support.

Getting started with evidence



- In the context of this programme, there is a vast array of evidence we can draw on.
- In a multidisciplinary, integrated context, there will likely be different interpretations of “evidence” and differences in how different types of evidence are valued.
- This guide focuses on how to find evidence from practice, research and local intelligence. Gathering the perspectives of people involves creating new evidence from surveys, focus groups and other forms of data collection: you may find it helpful to consult the Strategy Unit’s [Guide to person-centred intelligence](#). You may also find it helpful to consult our [Evaluation Guide](#).

Evidence for design & implementation

Design and implementation are complex and often involve trade-offs. By using evidence, you can:

- ◆ frame problems, generate options and identify potential solutions
- ◆ minimise the risk of investments which offer only marginal benefits or could cause harm
- ◆ challenge long-held assumptions
- ◆ identify knowledge gaps and uncertainties to explore via research and evaluation.

Evidence won't provide silver bullet answers but can provide valuable insights, helping you to:

- ◆ determine how best to invest finite resources for better outcomes
- ◆ understand what's likely to work, how and why
- ◆ weigh up potential benefits and harms of different components, interventions and innovations
- ◆ identify conditions for success as well as possible pitfalls and unanticipated consequences.

How to find and use evidence

If you've ever struggled to find evidence, take some comfort in the fact that you're not alone!

Many of our clients encounter barriers when they try to find and use evidence, including:

- Not knowing where to look
- Feeling overwhelmed by so many sources
- Having too little time
- Struggling to understand academic papers
- Lack of confidence using evidence

A team of researchers estimated in 2020 that the volume of research in the life sciences doubles every 14.4 years!¹

Not long ago, a team from the US suggested that biomedical knowledge would double every 73 days by 2020 (compared to every 50 years in 1950 and every 7 years in 1980!)²

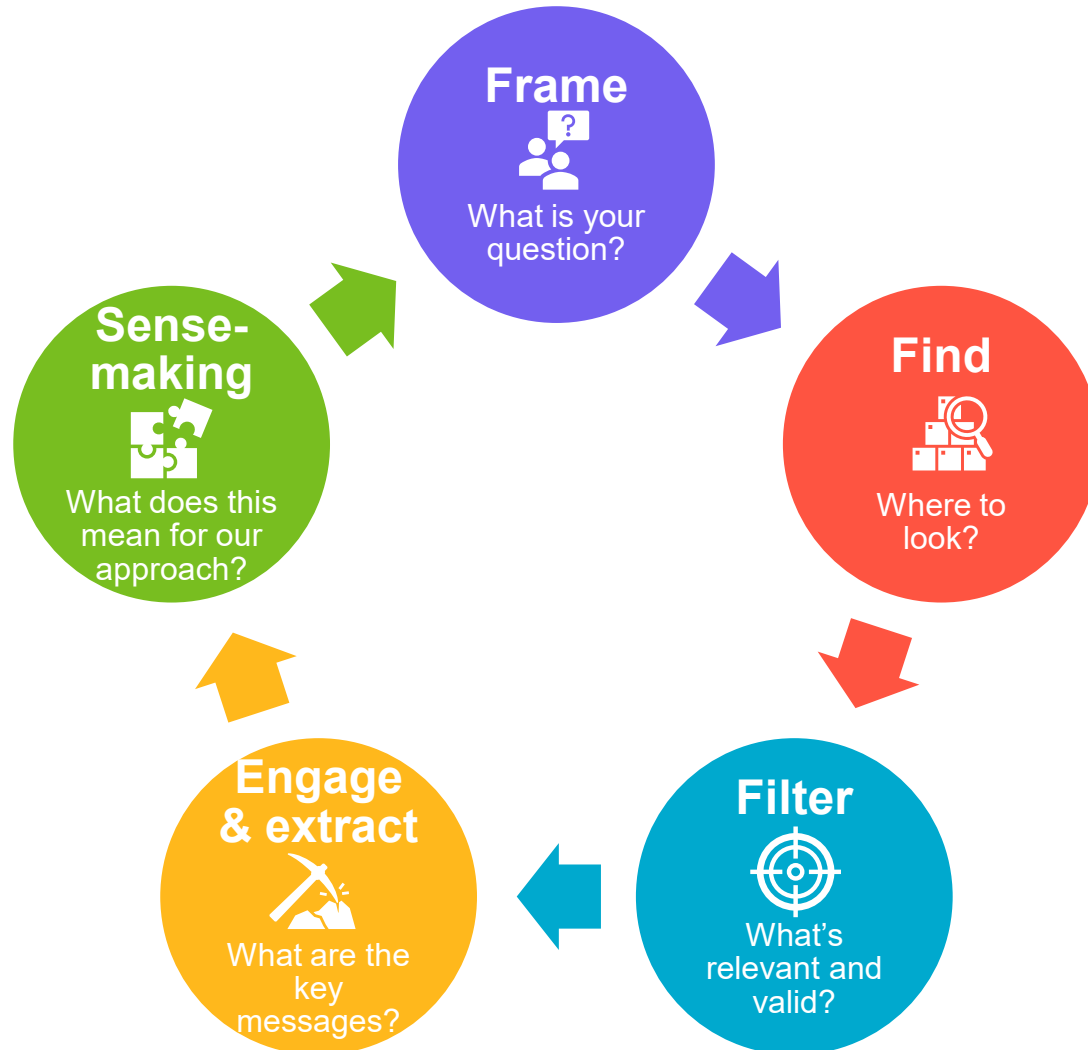
So, it's not surprising that searching for evidence can feel overwhelming. This guide will help you to navigate your way around barriers and pitfalls so you can find your way to evidence that is relevant, useful and reliable.

¹ Bornmann et al, 2020, <https://arxiv.org/ftp/arxiv/papers/2012/2012.07675.pdf>

² C. P. Friedman, J. C. Rubin, K. J. Sullivan, 2017, <http://dx.doi.org/10.15265/IY-2017-004>



Evidence to action



Over the next few pages, we'll guide you through the steps from working up your question through to making sense of what you find.

Frame



Working on your question will help you decide where to start searching. For example, your question might be best addressed by certain types of evidence.

Taking time now will save you time later. Think about what you need to know and how you're planning to use what you find.

Try using a model or framework for structuring and breaking down your question. The **PICO framework** is a commonly used framework for structuring questions related to design and implementation. For example:

How effective is social prescribing at helping people manage their long-term condition/s?

Population **People with one or more long-term conditions**

Intervention **Social prescribing**

Comparison **Routine care**

Outcomes **Patient self-management and self-efficacy**

You can find more frameworks online (e.g. <https://plymouth.libguides.com/systematicreviews/question>).

Training is also available at <https://learninghub.nhs.uk/catalogue/literaturesearching>.

Find



It can be tempting to pop a few keywords into Google or CoPilot and just zoom in on the first few results.

These tools are all easy to use and will usually turn up something, but you risk missing some very important evidence. And with AI, there's still a risk that tools “hallucinate” evidence that doesn't exist!*

Even when you're limited by time, you can create a simple search strategy that sets out where you'll look for evidence and the type of evidence likely to be most useful.

Having a search strategy provides a rationale and audit trail of where you searched for evidence, which is very useful for any paper or report you need to write.

The next slides can help you plan where to search.

* <https://www.heec.co.uk/resource/eight-ai-tools-for-evidence-synthesis-case-studies-and-comparisons/>;
<https://onlinelibrary.wiley.com/doi/epdf/10.1111/hir.12518>

Bibliographic databases

Bibliographic databases help you to find papers published in professional and academic journals. NHS staff can access a range of databases and collections via the **NHS Knowledge and Library Hub**.

Access is managed using a system called Athens. NHS staff can **register for an Athens username and password**.

Training materials are available via the NHS [Knowledge and Library Hub](#), the NHS [Learning Hub](#), and the [National Searching Guidance](#). You can also contact your local NHS Library Service for help.

Grey literature

The term “grey literature” refers to reports published outside of traditional channels. This includes analytical reports and evidence from practice, e.g. evaluations; lessons learned; case studies.

Whilst this evidence might not be produced with the same rigour of research, there are likely to be useful insights.

But it’s important to consider the risk of bias and that contextual factors (which may not be described clearly) could mean that findings aren’t easily transferred to your context.

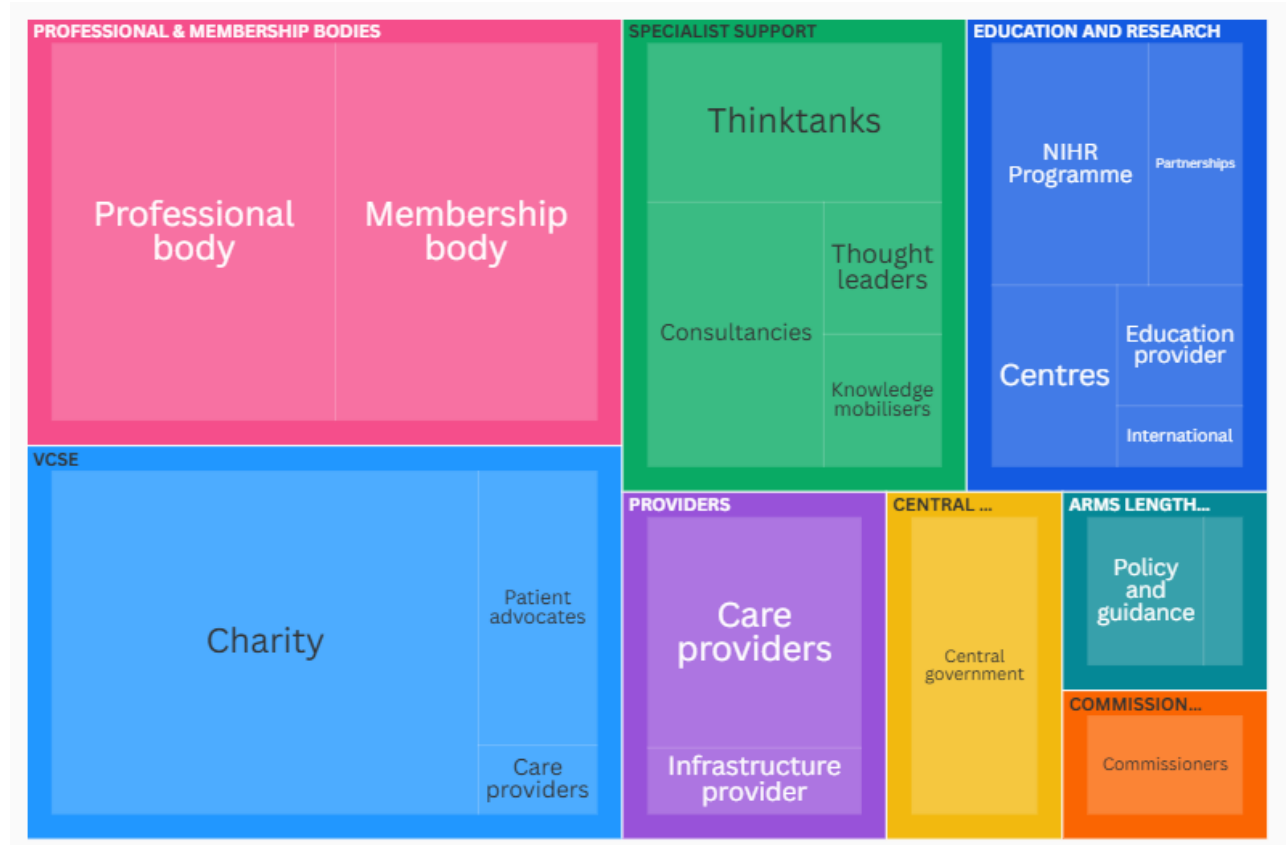
The ecosystem map on the next slide will help identify useful sources of grey literature.

There's a wide range of organisations and bodies generating evidence to inform policy, strategy, delivery and evaluation of neighbourhood health.

Our interactive map reveals a broad ecosystem of research, analysis, evaluation and practice.

Different organisations bring different perspectives and different approaches to understanding neighbourhood health and the impact on people and communities. This diversity of perspectives is important.

The ecosystem map opposite isn't an exhaustive list of sources but provides a useful starting place to identify potential sources of research and grey literature.



Press Ctrl and click on the image to link to the interactive graphic.

It is helpful to set inclusion and exclusion criteria which essentially to create some boundaries. By framing your question, you will have focused on the populations, interventions, outcomes or settings of interest. You might also want to consider criteria such as:

Date: You may decide on the appropriate date range, according to: changes in national policy (so any literature prior to the changes may be less relevant); availability of existing reviews (if there's already a really good review on this topic, you may choose to limit your search to what's been published since); or significant social, political or economic occurrences (for example, the COVID pandemic).



Geographic scope: Depending on your question, you may focus your search by geographic area. For some questions, the context might be quite specific to the NHS or the UK (e.g. for questions on the experiences of NHS care). For some questions, you might be interested in learning from international models of care but you may need to impose limits (e.g. for countries of a similar level of development, we often limit to OECD countries).



You may also consider what type of evidence might be most useful for your question.

Evidence to decision stage	Focus of your question	Type of evidence									
		Reviews	Experimental studies	Observational studies	Theoretical papers	Epidemiological studies	Economic evaluations	Modelling	Qualitative studies	Evaluations & case studies	Commentaries
Framing the problem and understanding needs and preferences	Prevalence/incidence					●					
	Impacts of a problem	●	●	●				●			●
	Patient needs/preferences	●							●		
Finding and selecting options/solutions	Effectiveness	●	●	●						●	
	Equity			●					●		
	Value	●					●	●			
	Acceptability	●		●					●	●	
Implementing or scaling up	Feasibility	●						●		●	●
	Implementation strategies	●			●					●	●
Monitoring and evaluation	Identifying instruments	●		●						●	

Case studies

Communities
& networks

Evaluations

Innovations

Ongoing
research

Tools &
resources

Not all evidence is formally published - it may be important to keep up to date with emerging evidence from ongoing research studies and evaluations; tests, pilots and experiments; and developing ideas.

Use the [ecosystem map](#) to identify useful sources.

Filter



When you have completed your searches, the next step is to filter your results to focus on the evidence which is most likely to be relevant to your question.

You will have already set out some inclusion and exclusion criteria to help you decide what's "in" and what's "out". Going back to the earlier question on the effectiveness of social prescribing, we might wish to focus on evidence which meets the following criteria:

- ◆ **Types of evidence:** experimental or observational studies; evaluations and case studies
- ◆ **Population:** people with long term conditions
- ◆ **Intervention:** social prescribing
- ◆ **Outcomes of interest:** self-efficacy
- ◆ **Date range:** Evidence produced during or since the Vanguard programme (launched in 2015)
- ◆ **Geographic scope:** UK

If you haven't found what you expect (too little or too much), you may need to rethink the search terms you use and/or revisit these criteria. Take a look at the [Learning Hub training materials](#) for more detailed help.

You may also need to make some judgments about the validity of evidence.

For **evidence from practice**, try this checklist*:

- **Authors:** What are their credentials? How is this funded? Signs of bias?
- **Attribution:** What is the source of the data/information/evidence?
- **Disclosure:** Who owns the website? Could there be a conflict of interest?
- **Currency:** When was this written? Is it still relevant?
- **Content:** Is it relevant to the context I'm searching around? Is it accurate?

For **research papers**, you might ask consider:

- Are you clear what question or problem is being addressed?
- Are the methods clear?
- Are the results clear?

For more help, guides are available from **Informed Health Choices** and **Understanding Health Research**.

Engage & Extract



Now you have a core of relevant papers and reports, the aim is to focus on findings which are applicable and transferable to your context.

How do you decide what's relevant and transferable?

- ◆ Are the contextual factors similar or different to your setting e.g. population; intervention; environment?
- ◆ Relevant contextual factors to help understand transferability include:
 - external factors (e.g. political/regulatory environments; labour markets; technology);
 - internal factors (e.g. culture; leadership; size and scale; financial situation; standards of care).

What insights do you extract?

- ◆ You may find it helpful to focus on outcomes, challenges/enablers, mechanisms of change and unanticipated consequences.

You may encounter some limitations as you analyse the evidence you've found. Here are some strategies below for managing limitations.

Patchy evidence base

Typically, we often find gaps in the evidence base – you may need to commission or conduct research or analysis to fill some gaps.

Knowledge inequities

Qualitative sources will include valuable insights from patients, carers and staff but some perspectives are under-represented. You might need to consider how to engage local community groups and design evaluations which reflect the diversity of your local population.

Limited transferability

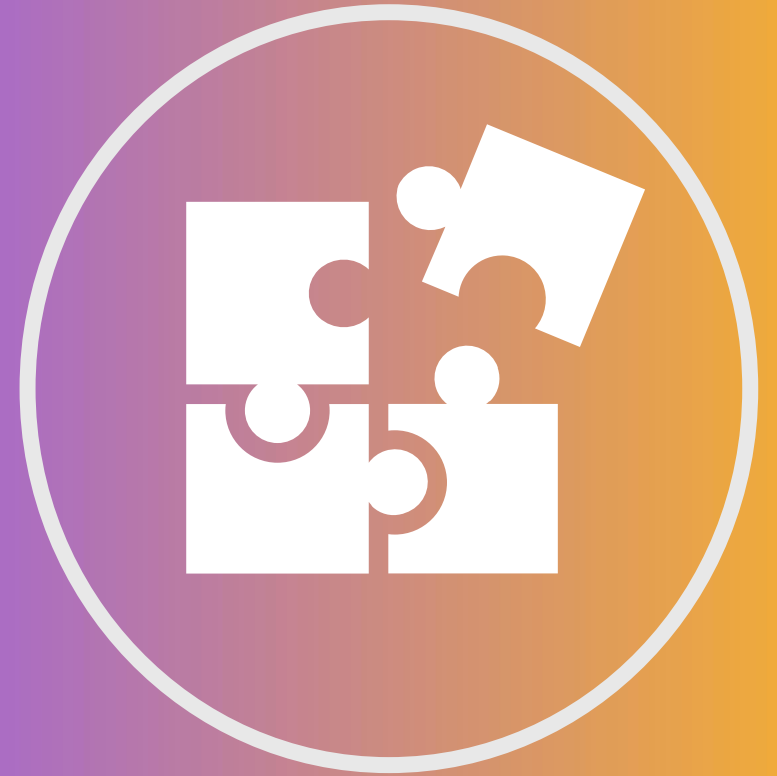
Interventions and models are often not described in detail – it can be difficult to gauge how innovations are adapted and modified to work in different contexts. Sources which share experiential evidence from other contexts may be helpful.

Complexity

It can be helpful to frame your questions with a complexity lens, e.g.:

- How/why does implementation vary across contexts?
- How does the system change when the model is introduced?
- How/why do effects change over time?

Sense-making



The task now is to pull together and make sense of the evidence you've found and reflect on the implications for your design, implementation and evaluation.

Looking at your evidence base, you might like to reflect and discuss with colleagues, using the following questions:

- How do your findings shed light on the question you started with?
- What key themes or patterns are emerging?
- To what extent is there consistency or variation in the evidence you found?
- What are the main implications (for design or implementation) of what you have found?
- What are the limitations of the evidence you have found which might warrant caution?

Contributing to the evidence base

We live in an age of information overload. The evidence base is growing at an exponential rate. Added to that, the quality of the evidence base is highly variable. The published evidence base often lacks the detail to transfer learning across health systems. For example, case studies often gloss over challenges and barriers and yet this is the exact insight that people need to adopt innovations locally.

Poor quality evidence simply adds to the noise. You can help by generating evidence that adds value. Better descriptions of what happens when a new service or model of care is introduced in a health system will give more insight into the impacts on people, communities, processes and organisations.

There are already standards available which provide templates for **describing interventions** and **reporting case studies**. By adapting and applying standards when commissioning analysis or evaluation, you can help develop a high-quality evidence base geared to supporting innovation and improvement.

This has been designed as a brief and pragmatic guide to help you find and use evidence to design, implement and evaluate your neighbourhood health model.

Please share any feedback you have on this guide and let us know how your experiences in finding and using evidence.

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