

Building capacity for evidence-informed decision making: practical approaches for commissioners

On-going organisational change, workforce pressures, and shrinking analytical capacity make it harder to use evidence well - yet the need for sound decisions has never been greater. Research on evidence translation in complex health systems reminds us that local context always matters, that implementing evidence is rarely straightforward, and that building capacity is a continuous, iterative process - not a one-off task.



Protect time, including time to think together

Shared reflection drives better decisions. Ring-fence time for evidence work and provide regular opportunities to discuss what evidence means in your local context.



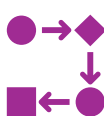
Build your evidence network

Local knowledge combined with scientific evidence is more powerful than either alone. Know who holds knowledge across your system e.g. public health, primary care, voluntary sector, academia.



Use what already exists

Before commissioning new work, check what's already available. Curate a shared shortlist of go-to sources relevant to your priorities.



Embed evidence in routines and learn as you go

Add a standing agenda item: "what does the evidence say?" Treat unexpected findings as learning opportunities. Evidence translation is an iterative process – adapt plans as you learn.



Invest in skills - proportionately

Not everyone needs deep appraisal skills. Focus on understanding different evidence types, recognising a credible source, and knowing when to ask for help.



Value lived experience as evidence

Evidence isn't only research. Insights from service users and staff are vital to understand what works, for whom, and why.