



The
University
Of
Sheffield.



UNIVERSITY
of York

January 2018

Learning from rapid evidence syntheses

NIHR HS&DR evidence synthesis centres: the first three years

Responding to the health services and delivery research agenda

- The rapid evidence synthesis centre programme has delivered thirteen projects covering a wide range of topics within the remit of the HS&DR programme.
- A report by the two teams summarising what they have learned from the experience of responding to the need for evidence to support the HS&DR research agenda was published in August 2017.
- This brief summary of the report emphasises the importance of interaction with stakeholders at key stages of the evidence review process.
- Input of stakeholders was especially useful in defining the detailed scope of a project. We found a two-stage process with initial literature mapping/scoping and stakeholder consultation before finalising the protocol to be particularly helpful.
- The rapid evidence synthesis centre programme has been re-commissioned for a further three years, involving the York and Sheffield teams plus a third team at the University of Exeter.

The NIHR Health Services and Delivery Research programme commissioned teams at the Universities of Sheffield and York to undertake a responsive rapid evidence synthesis programme. The first phase of the programme ran from early 2014 to early 2017.

This evidence summary has been produced as part of this independent research funded by the NIHR HS&DR programme (Project refs: 13/05/11 and 13/05/12).

Background

The National Institute for Health Research (NIHR) Health Services and Delivery Research (HS&DR) programme commissioned teams at the Universities of Sheffield and York to undertake a responsive rapid evidence synthesis programme. The first phase of the programme ran from early 2014 to early 2017.

The teams have prepared a report summarising the achievements and learning from the programme.¹ This evidence summary concentrates on findings relevant to users and commissioners of research.

Methods

The report was developed from information contained in published reports and protocols and from discussion between members across the two centres.

We structured the report around six key themes (defining review scope, tailoring the review approach, tailoring methods, review team organisation, involving stakeholders and dissemination and impact) with illustrative examples drawn from projects undertaken for the programme.

Key findings

The two centres delivered thirteen projects (six from York and seven from Sheffield). Boxes 1 and 2 illustrate the range of topics covered.

Box 1. Short titles of York projects

- [Service user engagement in health service reconfiguration](#)
- [Reporting organisational case studies](#)
- [Integrated care for people with serious mental illness \(SMI\)](#)
- [Supporting staff to manage cognitive impairment](#)
- [Support for carers](#)
- [Post-traumatic stress disorder \(PTSD\) in military veterans \(Web Report 8 Aug 2017\)](#)

Box 2. Short titles of Sheffield projects

- [Congenital heart disease services](#)
- [Measuring nursing input](#)
- [Group clinics](#)
- [Models of urgent care](#)
- [Community diagnostic services](#)
- [Tuberculosis \(TB\) contact tracing](#)
- [Frail older people in the emergency department](#)

Project reports were used both to inform NHS decision-making and to inform research commissioning. The quality and impact of reports was enhanced when we were able to work closely with stakeholders at key stages of the project.

NHS decision-makers contributed to prioritisation of topics, provision of contextual information and in informing review scoping.

We found a two-stage process with initial literature mapping/scoping and stakeholder consultation before finalising the protocol to be particularly helpful.

Providing advice on specific problems arising during the review process was another route by which stakeholders (particularly topic experts) were able to influence the review process.

Implications for decision-makers

Rapid evidence syntheses allow the HS&DR programme to respond to developing priorities quickly and flexibly. Involvement of stakeholders makes it possible to deliver outputs of high quality within a tight timescale.

Reference

1. Chambers D, Booth A, Rodgers M et al. NIHR HS&DR evidence synthesis centres: achievements and learning from the first three year programme, 2014–2017. Web report August 2017. Available at: <http://eprints.whiterose.ac.uk/120637/>. For further information contact Duncan Chambers (d.chambers@sheffield.ac.uk)

This research was funded by the NIHR HS&DR programme. The views expressed in this publication are those of the authors and do not necessarily reflect those of the NHS, NIHR or the Department of Health.