

# Learning from Rapid Evaluation in Health and Care workshop

Hosted by NIHR BRACE & NIHR RSET

20<sup>th</sup> June 2023

# Rapid evaluation: overview and key lessons

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# Context

- BRACE and RSET rapid evaluation teams funded by NIHR Health and Social Care Delivery Research Programme for 5 years (2018-2013)
- Each has carried out over 10 evaluations (some jointly)
- In addition, we undertook a social care prioritisation exercise for NIHR
- We have jointly written a chapter for the NIHR Research Methods Collection: Rapid Evaluation of Service Innovations in Health and Social Care – Key Challenges
- This NIHR methods chapter and its underpinning analysis form the basis of today's programme
- In particular, will draw upon our methodological insights, alongside operational and practical considerations

# I will cover:

- Our understanding of rapid evaluation
  - Timescale focus
  - Relational focus
  - Methodological focus
- Risks of rapid evaluation
- The 4 Rs: rapidity, relevance, responsiveness and rigour
- Our five overarching lessons for the practice of rapid evaluation
- Concluding thoughts

# Understanding rapid evaluation (1)

## In respect of timescale:

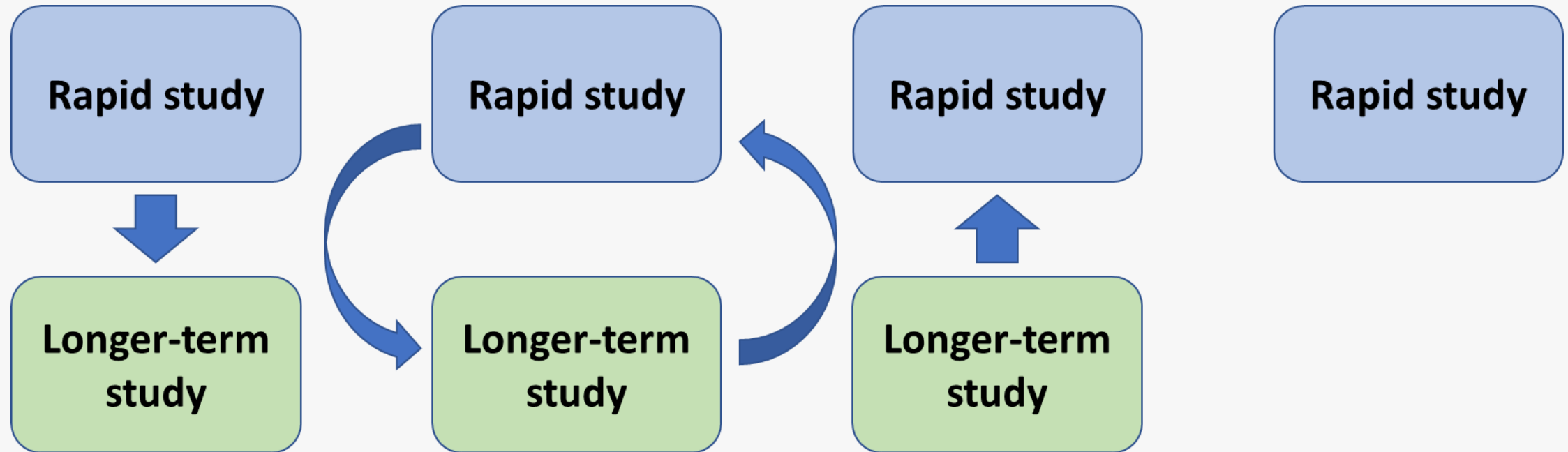
- Rapid can be evaluating an intervention at an early stage in the innovation process (e.g. Early implementation of Primary Care Networks)
- Rapid can mean an evaluation project with a short overall timescale
- Rapid may mean that the evaluation study is mobilised more quickly (e.g. pulse oximetry at home during COVID-19)
- Rapid can mean that findings are shared quickly, through a short timescale or via cycles of formative feedback within a longer evaluation (e.g. pulse oximetry at home during COVID-19, Women's Health Hubs)

# Understanding rapid evaluation (2)

## In relation to other types of study:

- Rapid evaluation as the precursor to a longer study (e.g. Mental Health Trailblazers in schools and colleges)
- Rapid evaluation as the follow-up to a longer-term study (e.g. Telefirst general practice, special measures regime for NHS trusts)
- Rapid evaluation as a nested study within a longer-term evaluation (e.g. pulse oximetry in care homes)
- Rapid evaluation as a stand-alone project (e.g. NHS trusts managing general practice)

# A relational-based typology of rapid evaluation; from Vindrola-Padros (2021, p.5)



# Understanding rapid evaluation (3)

**In relation to methods used (credit to REVAL team), rapid can be about:**

- Use of a methodology designed specifically for rapid evaluation (e.g. rapid appraisal sheets for data analysis)
- Increasing rapidity by doing less, or using a less-time intensive methodology (e.g. use of publicly available aggregated health activity data rather than individual patient-level data)
- Use of alternative technologies and/or data to increase the speed of an existing evaluation method (e.g. using on-line recording and transcription technology)
- Adaptation of methods from a non-rapid evaluation (e.g. rapid ethnography)



# Risks of rapid evaluation

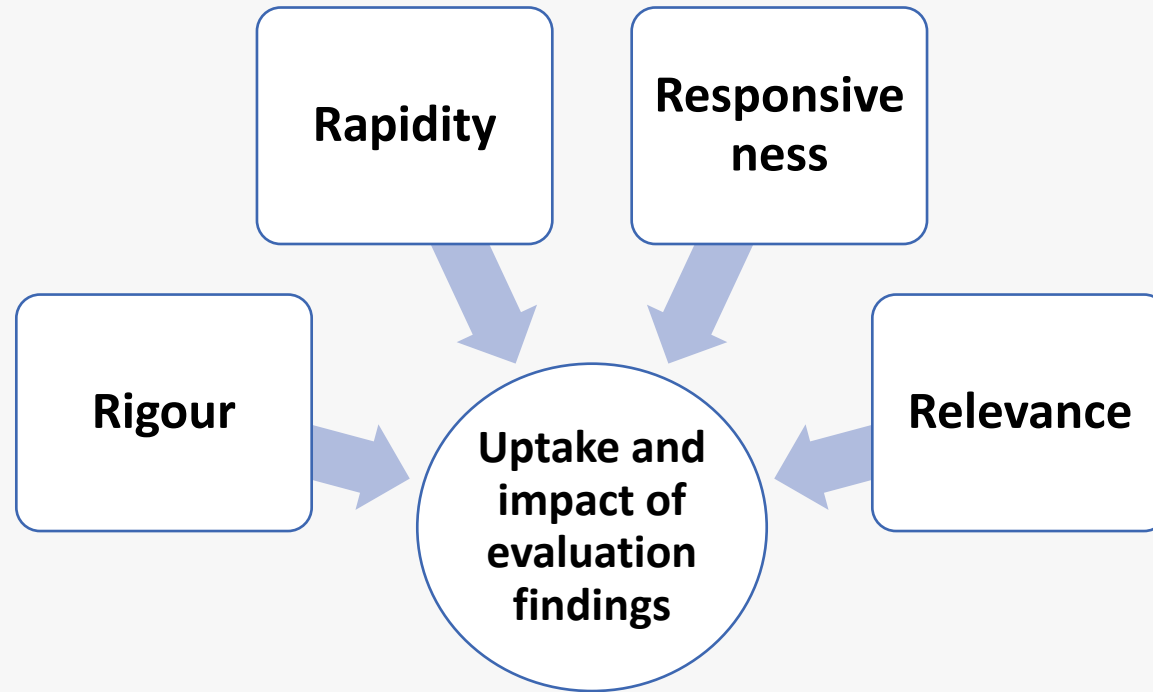
## Rapid working may impede a team's ability to:

- Grasp fully the nature and influence of contextual factors
- Access a sufficiently wide range of perspectives
- Engage sufficiently with evaluation stakeholders
- Explore the impact of an intervention in a longitudinal manner
- Analyse data fully and/or triangulate different data from different sources
- Delve deeper into emerging issues or unexpected findings
- Sense-check emerging findings
- Have sufficient data to answer the research question with a sufficient degree of certainty.
- Measure longer-term outcomes

# The 4 Rs: rapidity, relevance, responsiveness and rigour

## Achieving a (sometimes tricky) balance

- We have drawn on Riley et al (2013) who argued for an alignment of rapidity, relevance and responsiveness in rapid evaluation practice, adding a '4<sup>th</sup> R' of rigour



# Overarching lessons for the practice of rapid evaluation

# Lesson1: Scoping is critical to success & should not be rushed

- Of all the elements of the rapid evaluation process, scoping is arguably the most important.
- Need to rapidly build relationships with evidence users, and as early as possible
- There is a need to negotiate this phase carefully with stakeholders (staff, managers, patient and public contributors, and others), even where there is pressure to start as quickly as possible.
- Need to establish what is it that they are trying to do, and can it be evaluated now?
- It is essential for many reasons, not least for making an assessment as to whether it is feasible and appropriate to evaluate rapidly

## Lesson 2: Be transparent about uncertainty and limitations.

- There are trade-offs in rapid evaluation and one is that it may produce more uncertain or ambiguous findings
- Researchers must be clear and open about the limitations of their findings and be willing to discuss the implications of this with stakeholders
- This underlines the importance of strong and effective engagement with evidence users from the outset (a further benefit of careful and thorough scoping)
- Managing expectations is crucial and will need to start in the scoping phase or as soon as any potential limitations become apparent

# Lesson 3: Harness the benefits of a team-based approach

- The scale and speed of research activities can be increased with a larger, multi-skilled and experienced team, and many activities will likely happen in parallel (e.g. different forms of data collection, rapid analysis, interim or ongoing feedback to evidence users)
- A rapid evaluation team will likely have diverse multiple projects under way at the same time
- Teams provide opportunities to learn and share skills and provide peer and emotional support.
- This is especially useful when researchers are working in an environment that is contested or politicised or are working across several rapid evaluations simultaneously.
- Large teams do however require careful senior management and academic supervision to ensure a consistent and coordinated approach.

# Lesson 4: Build rapid evaluation skills and expertise:

- Rapid evaluation is complex, and the skills required go beyond those usually taught in applied health and social care research methods training programmes
- Teams should consider training and support needs for researchers at all levels, including rapid evaluation methods, and skills for effective engagement, communication and dissemination
- Rapid evaluation methods include: rapid quantitative analysis; effective use of short-term outcomes; continuous monitoring; simultaneous data collection and analysis; rapid appraisal sheets; naturally occurring focus groups; data analysis direct from recordings
- Recruiting for diverse skills and experience should also be considered – our teams have benefited significantly from being from a combination of universities and and thinktank/foundations

# Lesson 5: Consider what it means to be rapid across all stages

This takes us back to the complex understandings of 'rapid' in evaluation

The conduct of studies may entail speeding up processes of data collection and analysis, or refocusing what analysis is important now and what may be able to wait.

Patient and public involvement will need particular consideration and attention in terms of how to make this rapid, and in our experience less structured yet more integrated

For rapid uptake and impact, findings must be planned with evidence users at an early stage then tailored to ensure that they can quickly understand and apply them

Dissemination will likely require professional communications advice and support throughout



# In conclusion

- Above all else you have to scope projects very carefully and inclusively
- Relationships with evidence users are critical
- You will have to share findings as you go, sometimes even weekly
- Keeping an eye on the longer term, and broader evidence base is vital too – rapid evaluations are an important part of the wider research endeavour
- And you must work in a dynamic, flexible and up-front way with your stakeholders throughout - and this is time-consuming but time well-spent
- In emerging-from-pandemic times, it would seem that more rapid approaches to research are becoming mainstream
- We are clear that rapid evaluation is a critically important part of applied health and care research

# To find out more

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<https://www.nuffieldtrust.org.uk/rset-rapid-evaluations-of-new-ways-of-providing-care>

# Disclaimer

This research was funded by the National Institute for Health and Care Research (NIHR) Health and Social Care Delivery Research (RSET: 16/138/17; BRACE: 16/138/31). The views expressed are those of the authors and not necessarily those of the NIHR or the Department of Health and Social Care.

For more information, please visit:

**NIHR RSET:** <https://www.nuffieldtrust.org.uk/rset-rapid-evaluations-of-new-ways-of-providing-care>

**NIHR BRACE:** <https://www.birmingham.ac.uk/research/brace/index.aspx>