

When is rapid appropriate?

Deciding when to progress (or not) with a rapid study

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Overview

- Why scoping matters
- Key scoping processes and questions
- Two examples of scoping and their impact
- Group discussion and feedback
- Closing reflections: when rapid evaluation may not be appropriate

Why scoping matters, and what it involves

Informs evaluation design and delivery

- Establishes evaluation warranted, feasible, timely, and relevant
- Supports delivery of findings that are of use to intended evidence users
- Helps researchers learn about intervention and context

Key processes

- Rapid evidence assessments
- Documentary analyses, data reviews
- Identification of standardised measures or validated tools.
- Also begins process of relationship-building and engagement
- *Overall, an open, intensive inquiry guided by key questions for rapid evaluation*

Questions that guide RSET/BRACE scoping

- **Focus:** is intervention sufficiently defined, e.g. aims and how to be achieved? (NB Scoping can inform draft programme theory for testing/development)
- **Purpose of study:** What questions do stakeholders want the evaluation to answer?
- **Evidence gaps:** what is already known about intervention/service? are other evaluations planned/underway?
- **Evaluability:** is intervention/service ready to be evaluated? E.g. sufficient time for desired outcomes to appear?
- **Stakeholder engagement:** who are key stakeholders? how will they support/contribute to delivery of evaluation?
- **Evaluation feasibility:** can sites/participants/data be accessed within timeframe? Are data being collected & can researchers access these? Other challenges - could they be mitigated?
- **Evaluation utility & timing:** will findings be used and how? When/how to share findings to maximise usefulness?

Example 1: Scoping women's health hubs (BRACE)

- September 2021: BRACE receives a request to carry out an evaluation of WHHs; the brief includes a series of questions including are they effective/cost effective; do they reduce inequalities of access; what are the key components of successful models?
- November – February 2022: scoping included:
 - An initial meeting with leads from the Department of Health and Social Care – who requested the evaluation – to understand the context for the request and evidence needs.
 - A rapid review of policy and evidence on women's health hubs and related hub models.
 - Preliminary mapping of hubs to start to determine how many had been set up, where and when.
 - Interviews with 10 key stakeholders, including hub leads, national policy-makers, and representatives of key professional and women's health organisations.
 - A consultation session with a group of women with lived experience of women's health issues to explore their views about and priorities for the evaluation.
 - Establishing stakeholder and women's advisory groups through which the team would secure advice and guidance throughout the study.
 - Discussions with university research governance and ethics colleagues to clarify which research approvals would be required.
 - A stakeholder workshop to share findings from the scoping work and agree the priority questions and areas of focus for the evaluation.
 - Development of a study protocol

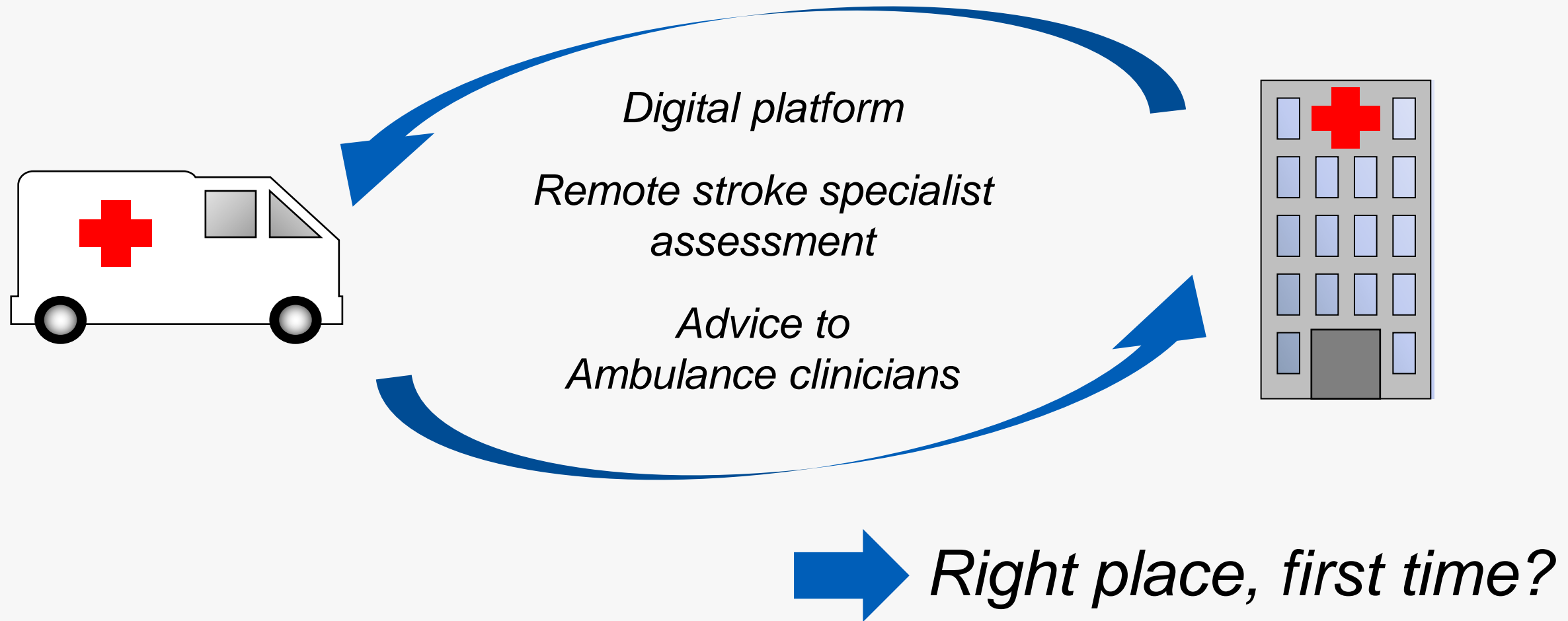
Scoping: key findings

- No clear/shared definition of a WHH
- Therefore unclear how many hubs exist; many potential hubs at an early stage of development
- Substantial variation in service aims, what is provided, how and by whom
- Many possible measures of hub impact; data on these measures not being routinely or consistently collected
- Consensus that the evaluation should look at how hubs were commissioned/funded, workforce aspects, and women's experiences
- Extensive literature on evaluating models of integration suggested need to map how hubs were expected to work ('theory of change') before starting a full-scale impact evaluation

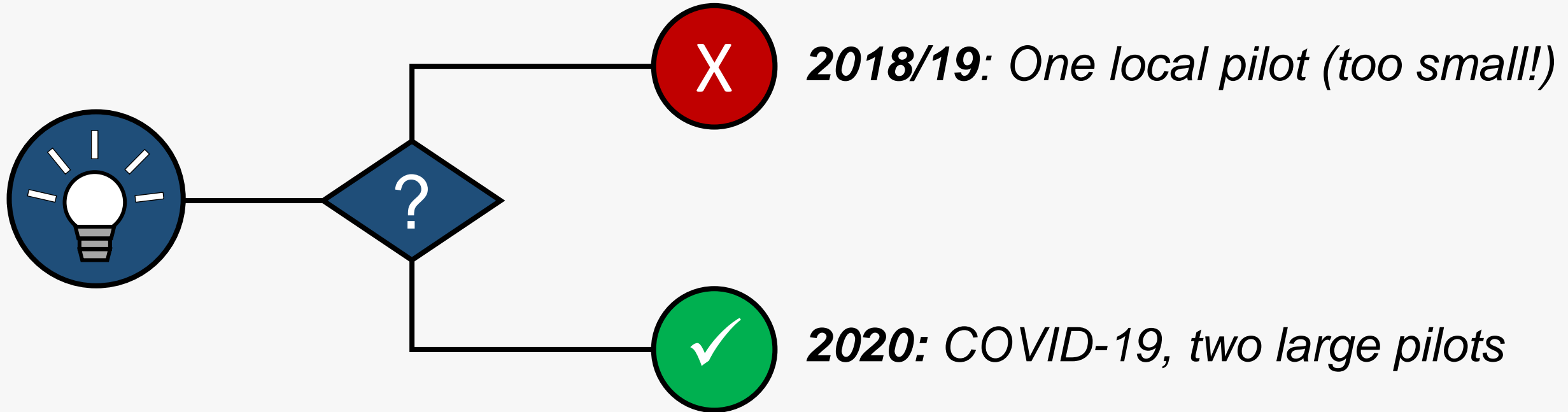
Implications for the evaluation

- Substantial re-working of the proposed evaluation questions – with some (i.e. assessing impact) deemed unfeasible at that stage
- Instead proposed to map how hub performance, costs and outcomes were being measured, and develop recommendations for which measures could be used to measure impact in any follow-up study
- Including developing a theory of change: what do hubs aim to do, and how are they supposed to work?
- Open, transparent and inclusive working with stakeholders during scoping paid dividends as the team moved into delivery and then dissemination (e.g. access to sites, sharing formative feedback)
- Evaluation team have had ongoing involvement in DHSC discussions and plans to develop hubs

Example 2: Prehospital video triage for stroke (RSET)



Initial decision-making: bottom-up approach



Scoping: process & key findings

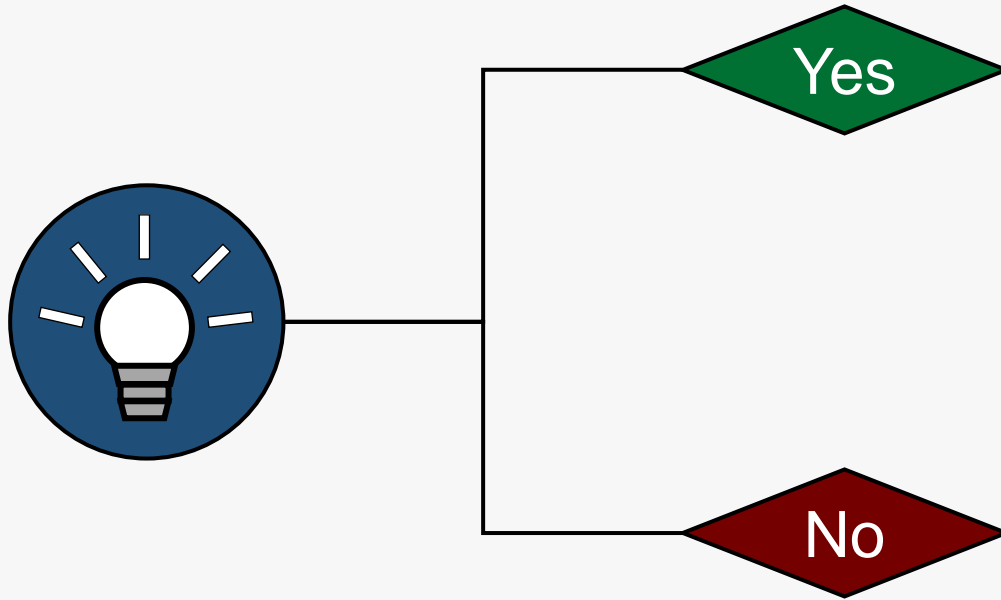
Scoping: April-July 2020:

- April: engaged stroke then ambulance collaborators – formed group
- Regular meetings; shared draft RQs & protocol - discussion & approval
- Peer review: PPI & independent experts

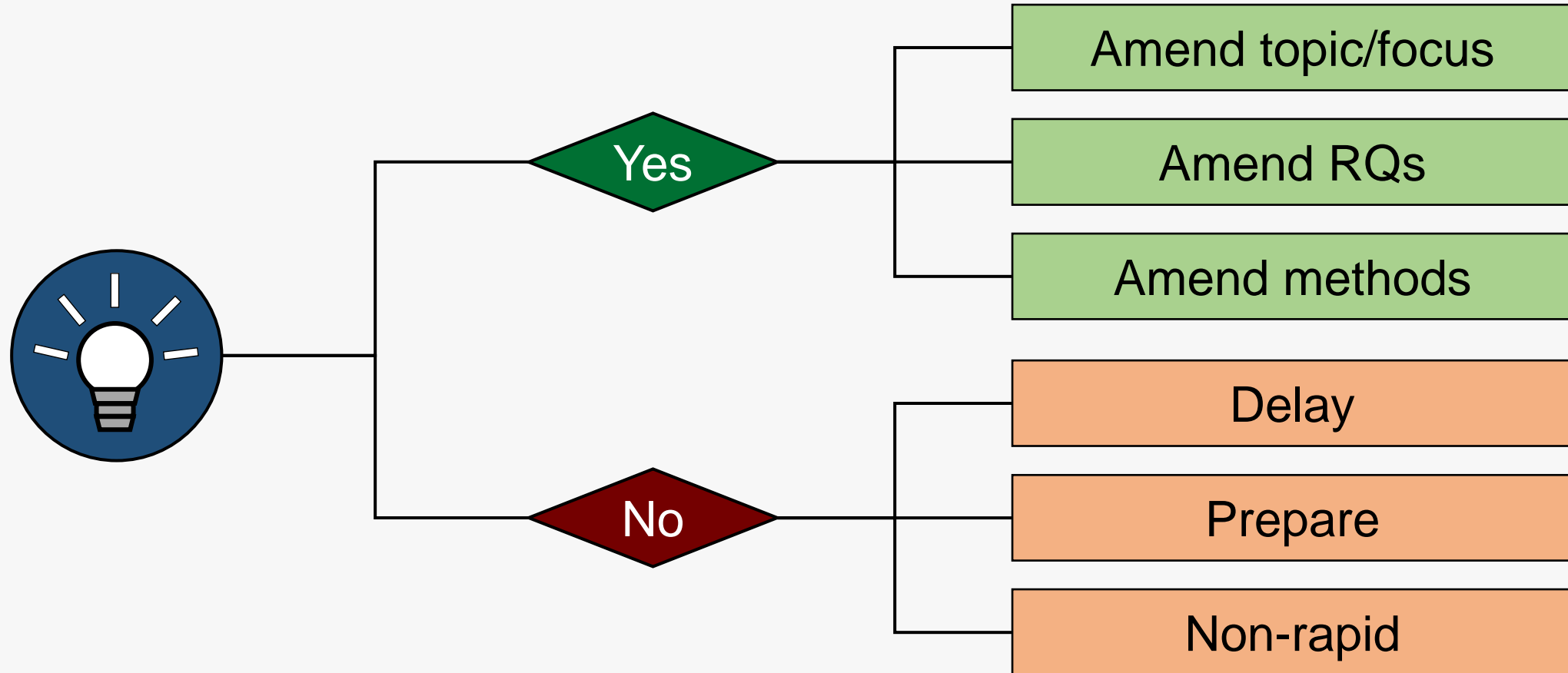
Key findings:

- Different local approaches – stage of implementation, model
- Literature: need to establish available evidence on intervention
- Perspectives from stroke & ambulance teams needed
- Data available: local ambulance times & national stroke audit (public only)
- **Later** – realised ambulance survey important for understanding intervention

Potential outcomes of scoping



Potential outcomes of scoping



BRACE/RSET lessons on when rapid evaluation may not be appropriate

Practical issues

- Already substantial evidence on intervention – instead, rapid evidence synthesis could be proposed
- No compelling reason why study should be rapid - capacity better invested elsewhere
- Substantial disagreement among stakeholders, e.g. on intervention's aims or evaluation's purpose
- Clear signs that stakeholders unlikely/unwilling to engage in evaluation process or findings
- NB scoping may facilitate stakeholder consensus

Methodological issues

- National/local approvals cannot be secured within available time/resources
- Clear signs that researchers will not be able to access sites, participants or data
- When quantitative aims unlikely to be met, even if using existing or rapidly acquired evidence
- When researchers are asked to cut corners in a way that might compromise rigour/ethics
- When evaluation requires longitudinal/sequenced design

Disclaimer

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For more information, please visit:

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

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