

Rethinking rapid evaluation: Challenges in scoping and decision-making

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Why evaluation?

- Health and care services are under constant pressure to provide safer, cheaper, and more person-centred care
- But how do decision-makers, professionals and service users know whether new ways of working are effective?
- We need timely evidence about whether innovations in the organisation and delivery actually work as intended



Group Discussion



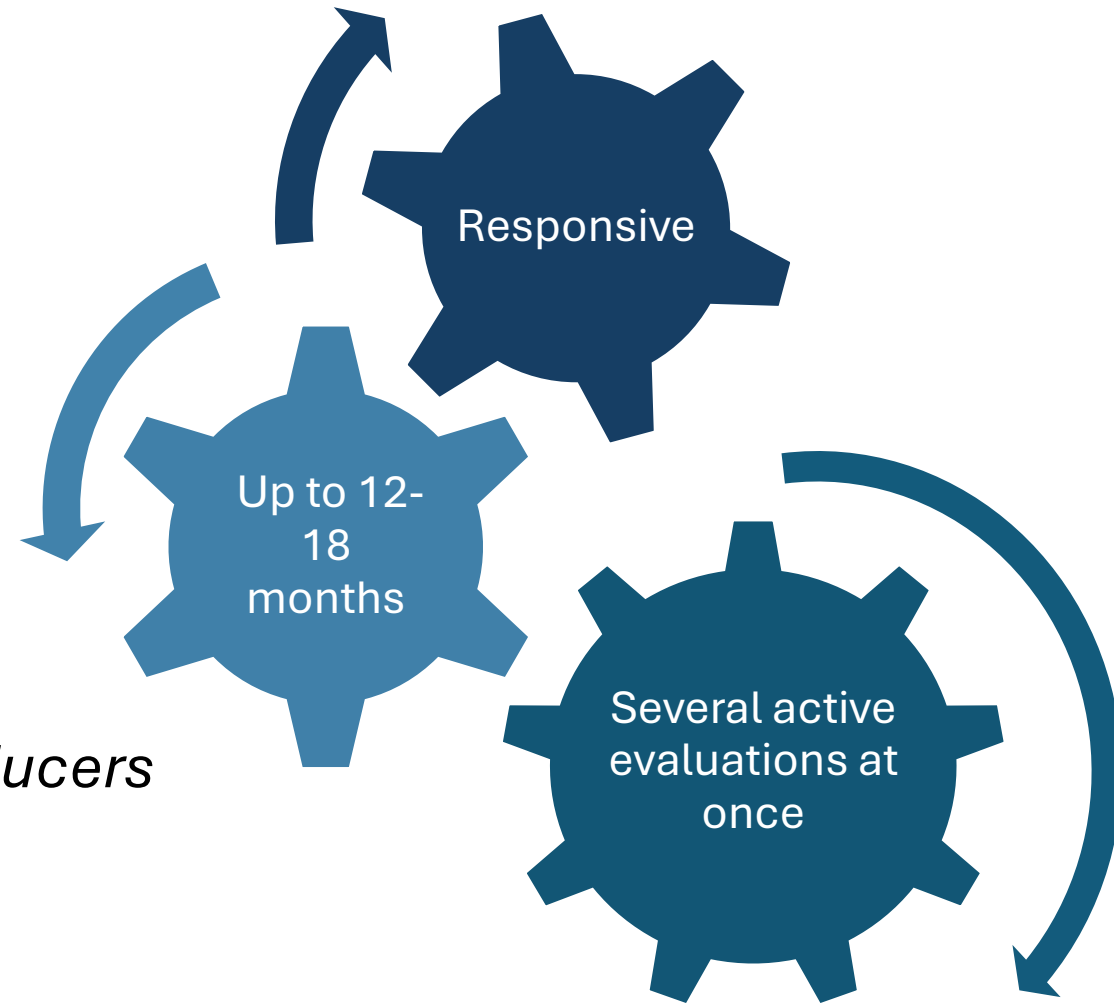
What are your initial thoughts when you hear the term '**rapid**' evaluation?



In your view or experience, why might there be a growing interest in rapid evaluation?

Setting the scene

- NIHR Health and Social Care Delivery Research (HSDR) have commissioned eight rapid evaluation teams
- Decisions about the commissioning of rapid evaluation projects are made by:
 - NIHR, *research funder*
 - Rapid evaluation teams*, *research producers*
 - Policymakers, *research users*

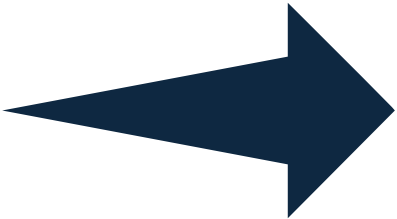


The BRACE rapid evaluation team

- For six years, BRACE has carried rapid evaluations of service innovations, including those developed during the COVID-19 pandemic
- With new funding (2023-2028), we balanced **continuity and change**
 - THIS Labs (Online methods) and National Voices (Service user networks)
 - Methods, PPIE, and Service leaders Rapid Advisory Panels (RAPs)
- We are **responsive** to the evaluation needs of the NHS / NIHR

Setting the scene

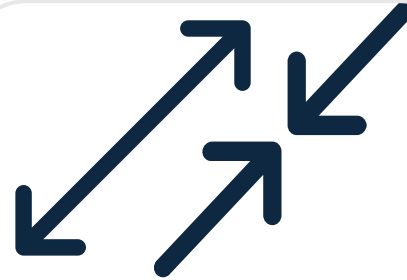
Rapid evaluation decisions observed in
the Birmingham, RAND, and Cambridge Evaluation (BRACE) centre



**Go ahead as
requested by
client**



**Change
the aim of
the study**



**Change scope of
the research
questions**



**Determining
the timing of
an evaluation**

Outline

- Introduction to NIHR-funded rapid evaluations, and the BRACE approach
- Discuss rapid evaluation decision-making in practice
 - How does scoping and co-design inform decision-making?
 - What is the role of the evaluability assessment?
 - How stakeholders interpret and influence decisions regarding project delivery?
- Summarise reflections and learning

Rapid evaluation principles



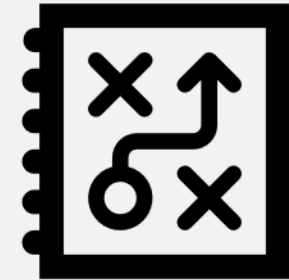
Rapidity



Rigour



Relevance



Responsive

[Smith et al, 2023](#)

What makes it **rapid**?

- **Pace** - Doing standard evaluations more quickly?
- **Scope** - Doing smaller or more focused evaluations? – *Specify key question(s)*
- **Approach** - Adapting or using alternate methods? – *Balance breadth and depth*
- **Interpretation** – using theory to extrapolate?

Or combination of above? It's about real-time learning

What makes for **rigour**?

- Rapid and robust, not quick and dirty – develop **credible** evidence
- **Robust measurement** and analysis
- Attend to the ‘**Theory of Change**’ of the innovation
- Draw on complementary **theories** to help interpretation
- Embed the evaluation in the **wider literature** and evidence-base

Being **relevant**

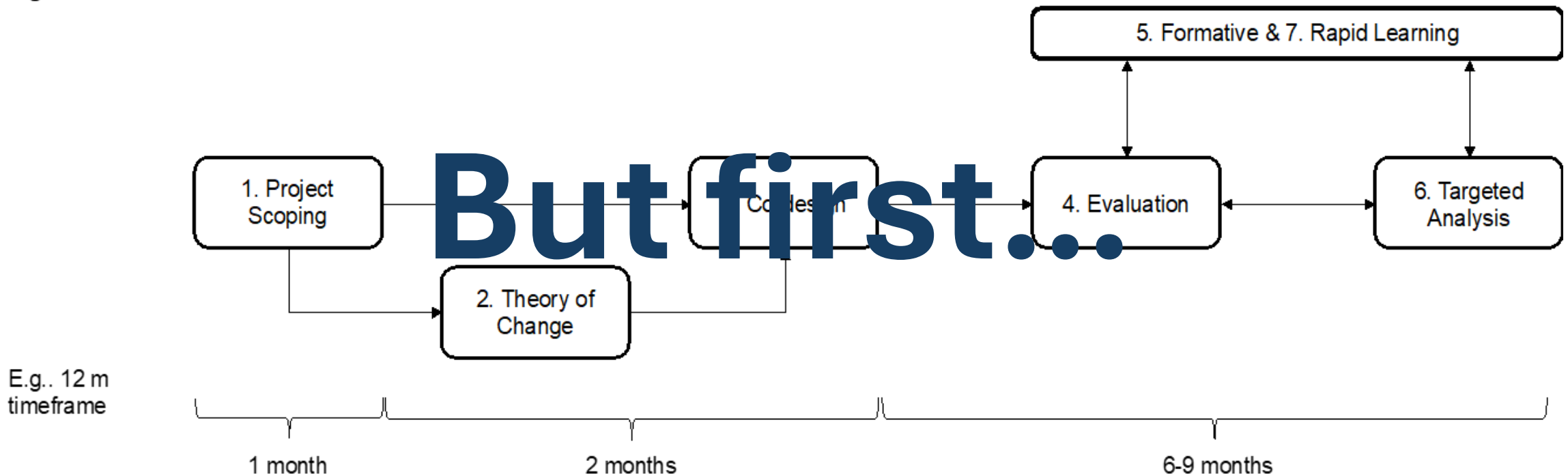
- Evaluations need to be **appropriate and acceptable** to key stakeholders and decision-makers
- Focus on the **evidence-needs** of the client and wider stakeholders
- Recognise the plurality of needs but **prioritise** the approach
- Engage and **collaborate** with key stakeholders – research and evaluation should be done ‘with’ rather than ‘to’ communities

Being responsive

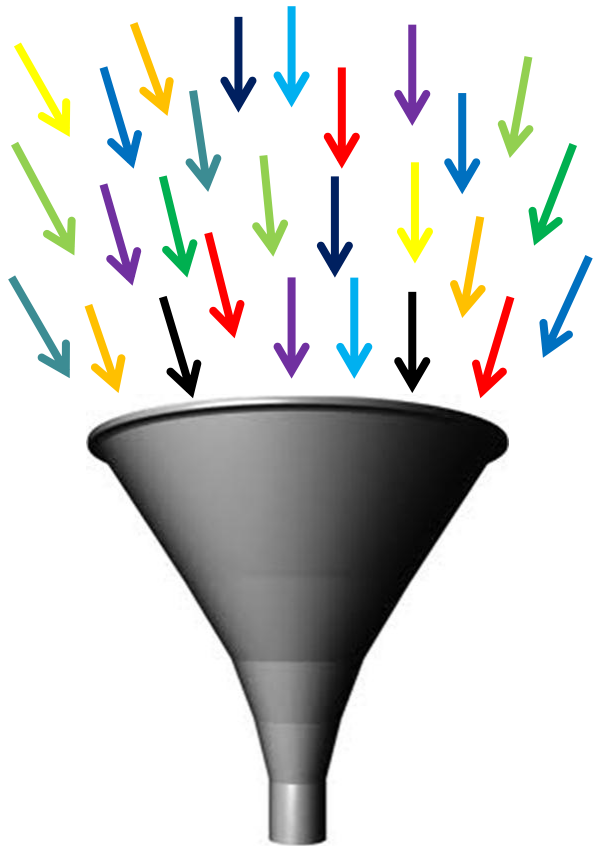
- Linked to rapidity and relevance – **being alert** to the needs and expectations of clients, find answers to key questions at the right time
- Manage **expectations** – be clear about what can and cannot be done
- Be **pragmatic** – do what is needed and feasible
- Regular '**check-ins**' to keep informed about what is going on

The BRACE model for rapid evaluations












Figure 1. BRACE Evaluation Framework



NIHR HSDR selection of topics



NIHR HSDR
Programme Director

-  Royal colleges
-  NIHR clinical networks
-  NIHR journals
-  Social Care organisations
-  Committee members
-  Charities and patient groups
-  DHSC, OHID, UKHSA, NHSE & NSC
-  James Lind Alliance PSPs
-  NICE guidelines
-  NIHR webform for topic suggestions
-  Devolved administrations

NIHR HSDR selection of topics

NIHR Is it in remit for NIHR, HSDR, and the rapid evaluation teams?



Does it meet wider priorities, incl. government strategies, areas of research interest (ARIs), NIHR strategic areas?



Opportunity for impact? E.g. what is it feeding into/informing?



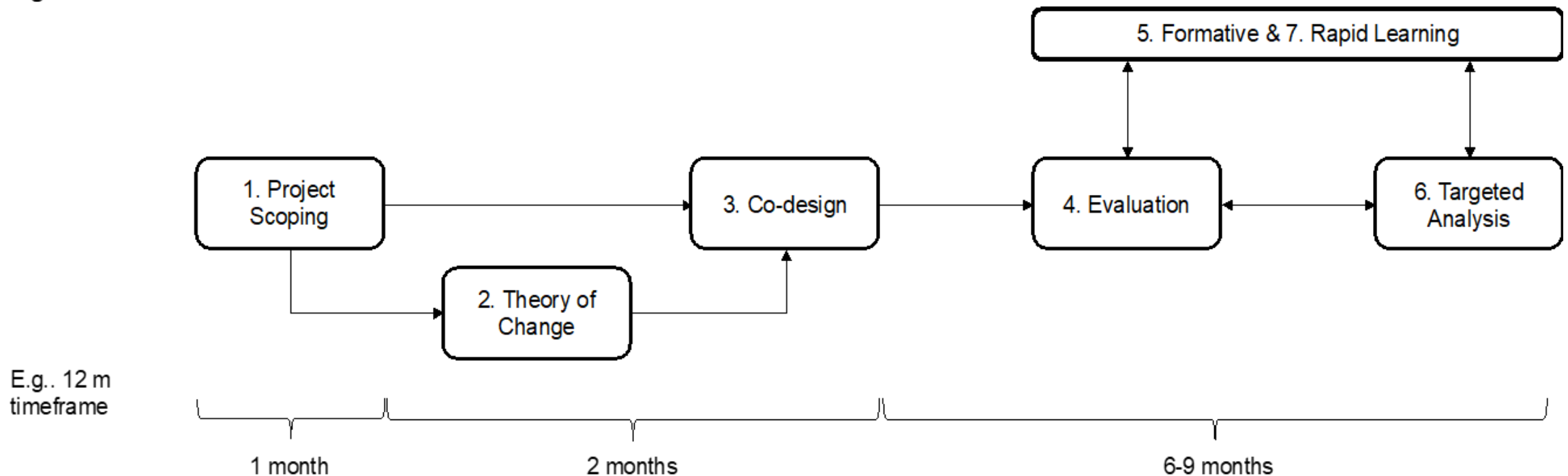
Duplication? Anything existing/underway that overlaps, within or external to NIHR



For rapid evaluation team consideration: timing of the research need vs team capacity

The BRACE model for rapid evaluations

Figure 1. BRACE Evaluation Framework



The BRACE model for rapid evaluations

- | | | |
|-----------------------|---|---|
| 1. Scoping | } | specification of needs and approach |
| 2. Theory of Change | | |
| 3. Co-design | | |
| 4. Evaluation | | collecting and analysing data |
| 5. Formative Learning | | keeping stakeholders engaged with early learning |
| 6. Targeted Analysis | | analysis directed at answering the question |
| 7. Summative Learning | | providing the required learning and recommendations |

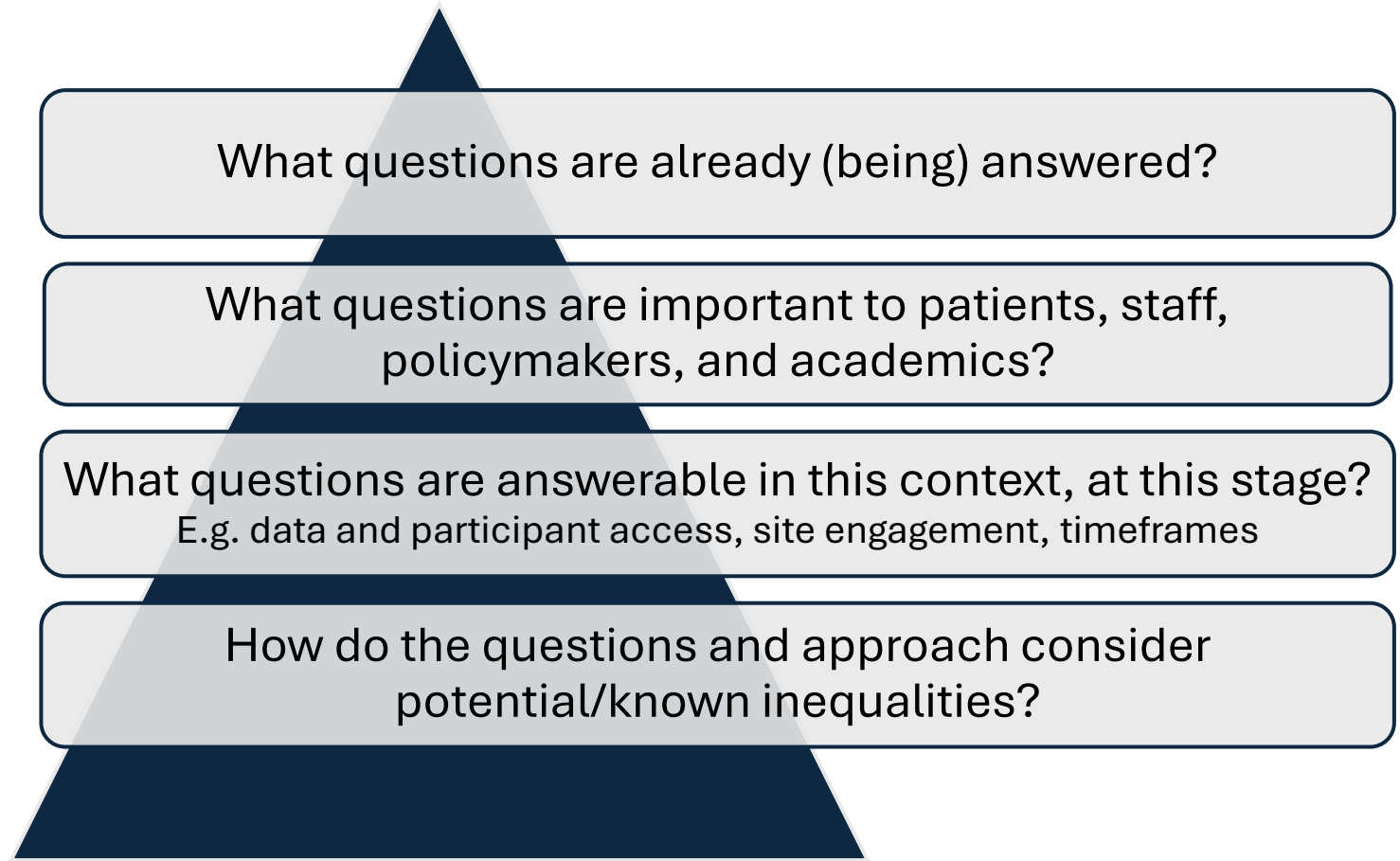
Group discussion

- What role have you played in the scoping and co-design of the evaluation topic, research questions and evaluation approach?
- What has your experience been working collaboratively with other stakeholders as part of scoping and co-design?

BRACE: Scoping and co-design

“shift [...] towards prioritising the usefulness of information for decision-making in selecting the optimal research perspective and in prioritising answerable research questions.”

Skivington et al (2024), MRC framework for evaluating complex interventions



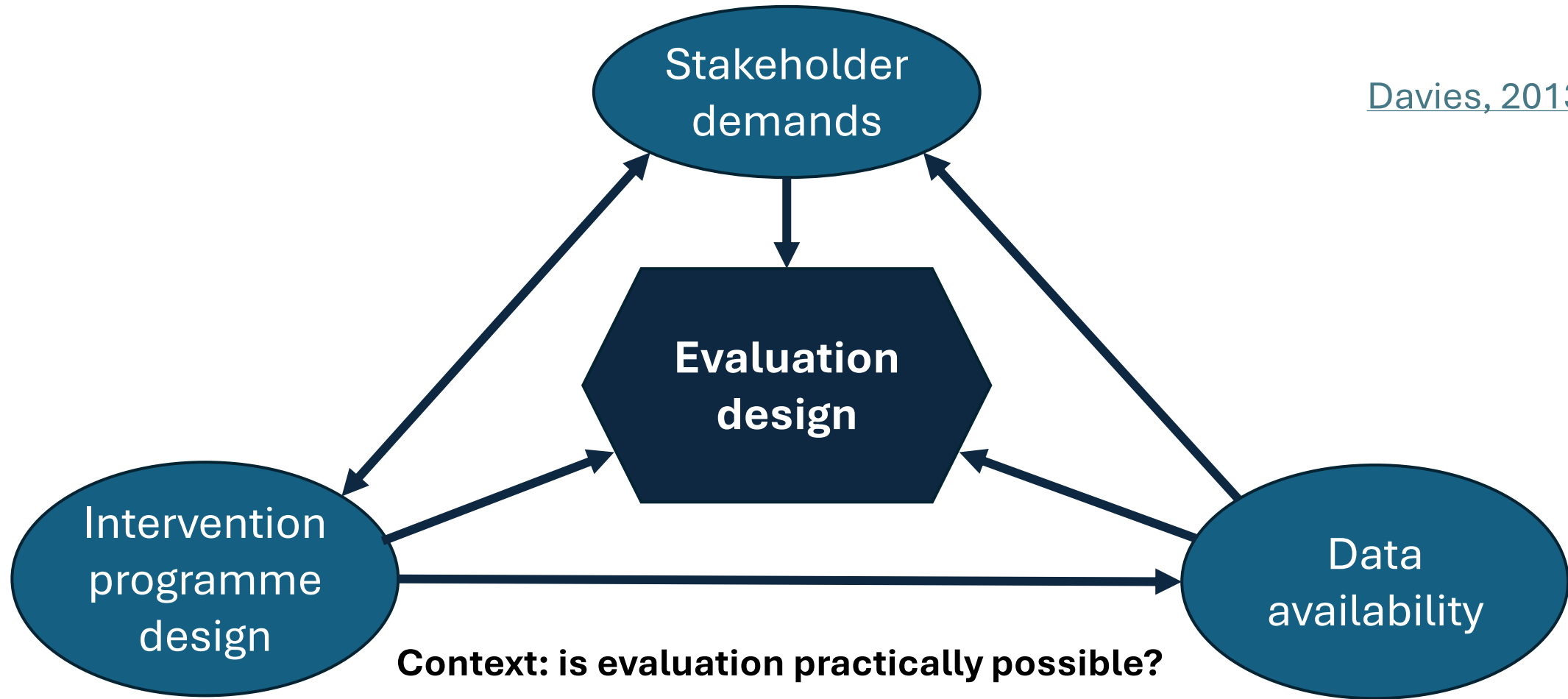
Evaluability Assessments

- Where is a particular intervention situated in the evolutionary flowchart of an overall intervention program?
- How will an evaluative study of this intervention affect policy decisions?
- What are the plausible sizes and distribution of the intervention's hypothesized impacts?
- How will the findings of an evaluative study add value to the existing scientific evidence?
- Is it practicable to evaluate the intervention in the time available?

[Ogilvie et al, 2011](#)

Evaluability Assessments

Davies, 2013



Equality Impact Assessment questions

1. What are the aims and objectives of the policy, intervention, or programme?
2. What stakeholder involvement and consultation has been done?
3. Who is affected by the policy, intervention, evaluation or activity?
4. Is there a potential for positive or negative impact on these groups? Please explain and give examples of any evidence/data used
5. What actions can be taken to address negative impact?
6. How will you move forward and why? – *proceed (with caution), change or adapt, stop*

[UK Research Innovation, Equality impact assessment guidance 2021](#)

Equality Impact Assessments

- Analyse how policies and activities may affect certain groups differently
- Consider and implement steps to meet the needs of different people
- Attend to legal obligations in the Equality Act 2010, and intersectionality
- Based on fairness and acting flexible to ensure equal opportunity
- An ongoing process of reflection and action to encourage EDI

[NIHR ARC EM, Equality Impact Assessment Toolkit 2024](#)

Case study group activity

Stop-smoking services for people with severe mental illness (SMI)

- People with SMI have higher smoking rates, which contributes to inequalities in life expectancy of about 15-20 fewer years of life
- Stop-smoking interventions are effective for people with SMI
- Tailored services are more effective and cost-effective than usual care
- NHS England commissioned 7 early implementer sites to deliver tailored stop-smoking services for people with SMI in the community
- Sites delivered 1 of 3 distinct referral pathways –
 - 1) Referrals from Primary care; 2) Mental Health Trusts (in/outpatients); 3) Community Mental Health Services (CMHS)

Stop-smoking services for people with severe mental illness (SMI)

There are unanswered questions about:

- the effectiveness of tailored stop-smoking services in real-life settings
- the effectiveness of the different referral pathways
- the levels of engagement people have with the stop-smoking services
- the experiences people with SMI have using the service
- the way services are being delivered and tailored, and what they cost
- the way success of the service can best be measured
- whether and how services should be commissioned in the future

Group activity

- Please read the case study scenario, and
- Consider the perspectives of the following stakeholders:
 - a. NHS England,
 - b. People with lived experience of SMI,
 - c. Staff in the early implementer sites,
 - d. Rapid evaluation team,
 - e. NIHR HSDR

Group activity

1. What decision would you make about the evaluation?

Base your answer on 1 of 5 stakeholder perspectives each, using evidence from the scenario

- a. Evaluation testing the effectiveness and cost-effectiveness of the tailored stop-smoking services compared to usual care
- b. Evaluation describing service delivery, costs, and perspectives on outcomes & measurement, in time for the Spring spending review
- c. Evaluation exploring the experiences of service users and staff, and engagement with the tailored stop-smoking services
- d. Prepare for a more substantial evaluation in the longer-term

Group activity

Discuss your decisions and arguments in your group –

1. Can you come to a collective group decision about the evaluation? Were there any areas of tension or disagreement?
2. What advice would you give stakeholders to make the most appropriate decisions about an evaluation's focus, scope, approach, and timing?

Stop-smoking services for people with severe mental illness



Sept 2024 – the BRACE Executive team decides a rapid evaluation cannot produce the evidence needed for the research questions. Insights from scoping can be shared with NHS England.



Oct 2024 – BRACE evaluation team, NHS England, NIHR meet
They agree to a 6-month project (with interim deliverables at 3 months) to inform the 2025 Spring spending review

Stop-smoking services for people with severe mental illness



The evaluation scope is compromised to support delivery by the Spring spending review.



The experiences of service users could not be explored in this timeframe.



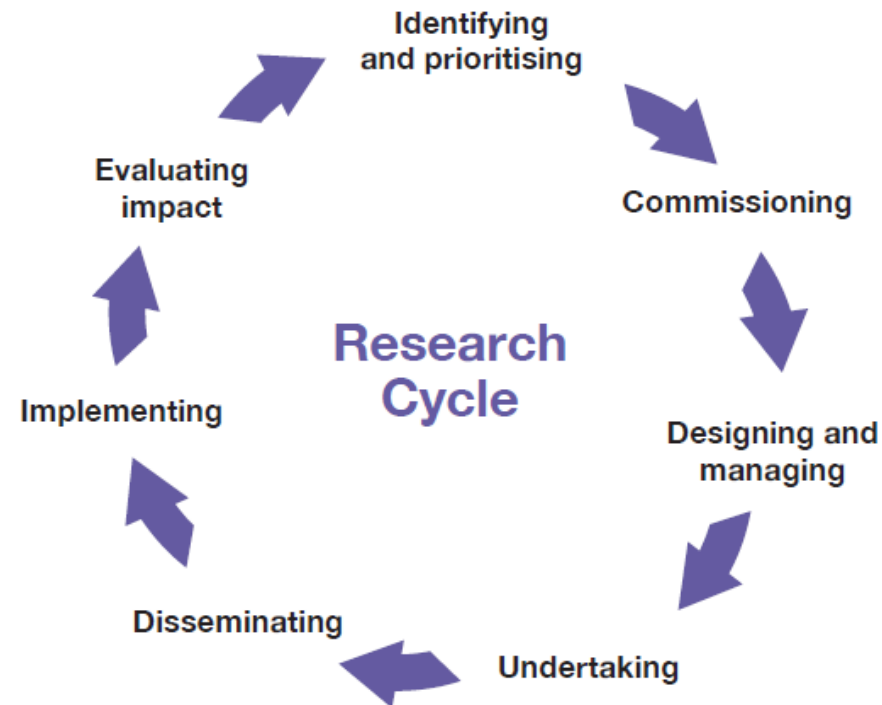
Staff raised coordination/integration of services as an area of interest, which could not be explored in-depth.



The new objectives did not directly address all research gaps identified in the academic literature

Summary of BRACE learning from scoping

1. It may be better to think of faster and slower elements within the same project



2. The application of rapid methods might be helpful, but may raise questions of rigour

Methods of Rapid Evaluation, Assessment, and Appraisal

Miles McNall
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Open access

Research

BMJ Open Can rapid approaches to qualitative analysis deliver timely, valid findings to clinical leaders? A mixed methods study comparing rapid and thematic analysis

Beck Taylor, Catherine Henshall, Sara Kenyon, Ian Litchfield, Sheila Greenfield

To cite: Taylor B, Henshall C, Kenyon S, *et al.* Can rapid approaches to qualitative analysis deliver timely, valid findings to clinical leaders? A mixed methods study comparing rapid and thematic analysis. *BMJ Open* 2018;8:e019993. doi:10.1136/bmjopen-2017-019993

► Prepublication history and

ABSTRACT

Objectives This study compares rapid and traditional analyses of a UK health service evaluation dataset to explore differences in researcher time and consistency of outputs.

Design Mixed methods study, quantitatively and qualitatively comparing qualitative methods.

Setting Data from a home birth service evaluation study in a hospital in the English National Health Service, which took place between October and December 2014. Two research teams independently analysed focus group

Strengths and limitations of this study

- Our study explores a strategy to address the time-lag in reporting qualitative findings to clinicians and policymakers, which slows translation of research into practice.
- This is the first comparison of qualitative analytical methods in applied health research which compares both researcher time and outputs, with a complete study dataset.

methods (REAM) is. The authors review the key use example that illustrates doing so, the authors are unfamiliar, (b) high or use. Ultimately, the

ditional material is available online only. To view visit the journal online <https://doi.org/10.1136/bmjopen-2017-007226>.

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SYSTEMATIC REVIEW

Quick and dirty? A systematic review of the use of rapid ethnographies in healthcare organisation and delivery

Cecilia Vindrola-Padros,¹ Bruno Vindrola-Padros²

ABSTRACT

Background The ability to capture the complexities of healthcare practices and the quick turnaround of findings make rapid ethnographies appealing to the healthcare sector, where changing organisational climates and priorities require actionable findings at strategic time points. Despite methodological advancement, there continue to be challenges in the implementation of rapid

climates of healthcare organisations by adopting a wide range of rapid research approaches.²⁻⁴ Various forms of rapid research have been used, including rapid evaluations, rapid appraisals, rapid assessments and rapid ethnographies.²⁻⁷ The development of rapid research methodol-

McCarthy *et al.* *BMC Health Services Research* (2019) 19:964
<https://doi.org/10.1186/s12913-019-4821-7>

BMC Health Services Research

RESEARCH ARTICLE

Open Access

Rapid evaluation for health and social care innovations: challenges for “quick wins” using interrupted time series

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Abstract

Background: Rapid evaluation was at the heart of National Health Service England's evaluation strategy of the new models of care vanguard programme. This was to facilitate the scale and spread of successful models of care throughout the health & social care system. The aim of this paper is to compare the findings of the two evaluations of the Enhanced Health in Care Homes (EHCH) vanguard in Gateshead, one using a smaller data set for rapidity and one using a larger longitudinal data set and to investigate the implications of the use of rapid evaluations using interrupted time series (ITS) methods.

3. Scoping calls for particular inter-personal skills, not just research skills



4. Scoping within projects leads to the identification of many roadblocks which require nuanced solutions



5. We need greater understanding and discussion about the limits of what can, and should, be evaluated rapidly



Practical implications from scoping that impact decision making

- With substantial intervention/programme evidence, and when resources for evaluation cannot be justified, a rapid evidence synthesis could be proposed.
- Without a compelling reason for undertaking the evaluation rapidly, then rapid evaluation team capacity would be better invested elsewhere.
- Stakeholder disagreement (on aims or methodological requirements) is common
- If stakeholders are unlikely or willing to engage, timely dissemination will be hard
- There is a suite of outputs to consider, both in interim and end of project, for diverse stakeholders

Methodological implications from scoping that impact decision making

- Being rapid doesn't mean cutting corners that might compromise research rigour or ethical standards
- Some questions require a longer evaluation with a longitudinal or sequenced design
- Consider time and resources for national or local approvals required
- Pick up on early signs that researchers won't be able to access sites, participants or required data within the time or resources available

Thank you

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More information about BRACE can be found at:
<https://www.birmingham.ac.uk/research/centres-institutes/brace-rapid-evaluation-centre>

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