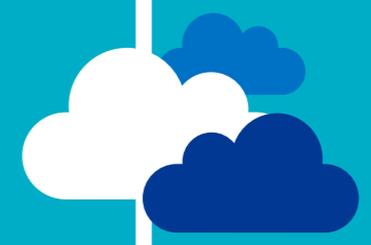
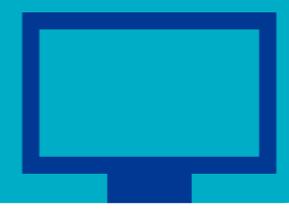
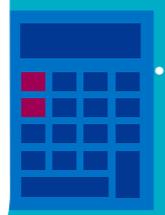


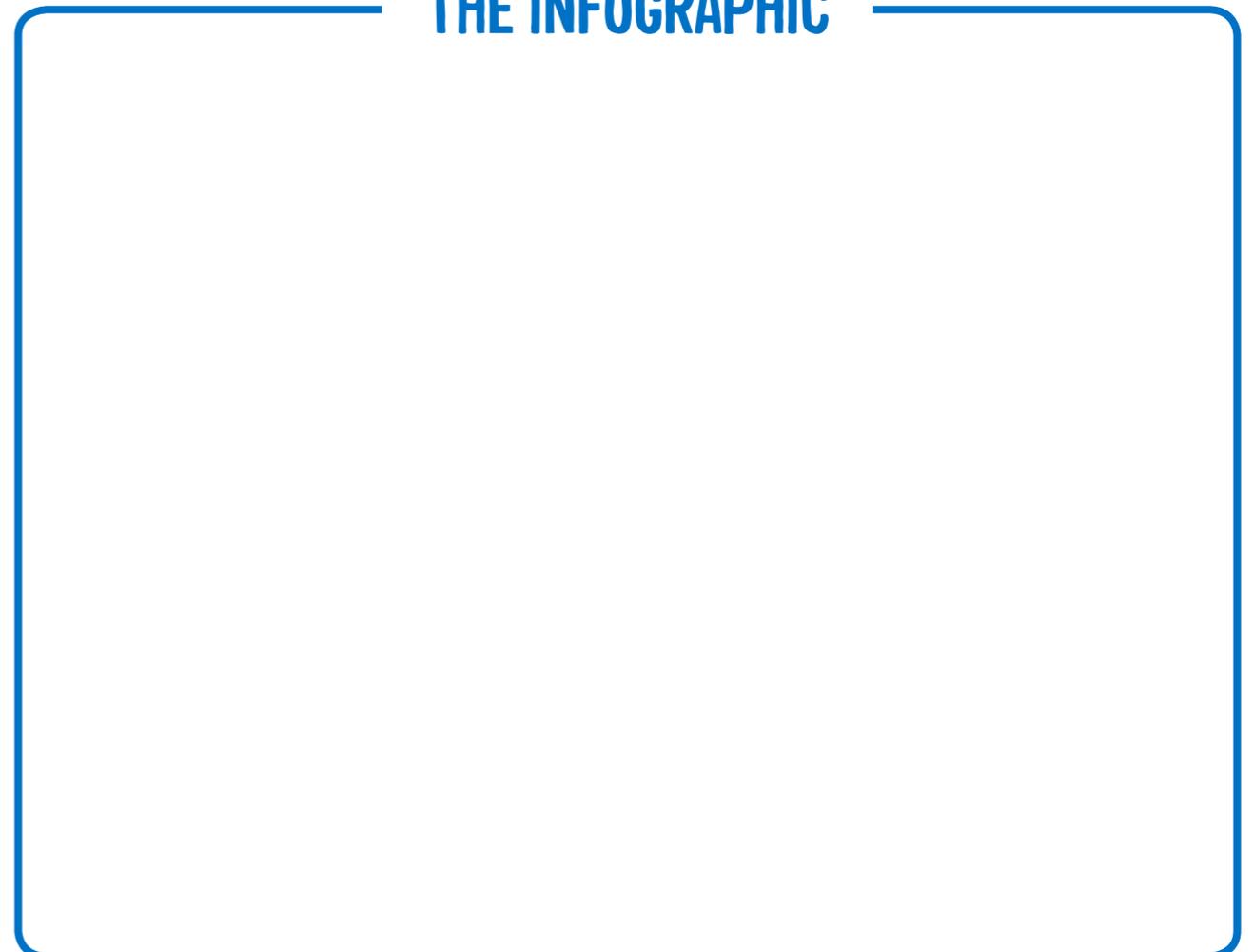
THE ROLE OF RESEARCH AND EVIDENCE IN COMMISSIONING





CONTENTS

THE INFOGRAPHIC



INTRODUCTION

WHO IS THIS INFOGRAPHIC FOR?

This infographic is aimed at direct commissioners of health care.

The [Health and Social Care Act 2012](#) created a statutory duty for clinical commissioning groups and NHS England to “promote research and innovation and the use of research evidence in decision making.”

This infographic aims to introduce the research environment and the ways in which evidence from research can be sourced and used within commissioning.

WHEN MIGHT COMMISSIONERS CONSULT THE INFOGRAPHIC?

- When seeking to redesign systems, services and treatments and need to know where to find evidence
- When you can see the area you want to change is under researched and little or no evidence exists.
- When risk needs to be managed across partnerships and evidence needs to be sought to support decision-making
- When considering decommissioning
- When engaging in strategy development and planning, such as building an evidence base for Sustainability and Transitions Plans or development of new models of commissioning or care delivery
- When seeking to champion a new idea in the face of resistance to change
- When developing business cases or business plans for innovative solutions
- When seeking to evaluate or measure the effectiveness of a service
- When seeking evidence around efficacy, variation or sustainability
- To support conversations with your providers around research activity

WHY IS EVIDENCE INFORMED COMMISSIONING SO IMPORTANT?

Evidence-informed commissioning supports

- Improved outcomes for patients
- Improved patient experience
- Decisions which are informed and based upon the latest available evidence
- Value for money
- Reduced waste and the risk of duplication
- The spread and adoption of innovative ideas
- The identification of evidence gaps which can be used to produce future research which is relevant to the needs of the commissioning system
- Enabling and supporting horizon scanning for commissioners

RESEARCH FOR COMMISSIONERS

Because CCGs are not academic organisation themselves, it is vital they know how to navigate the research landscape to find help. There are two types of healthcare research that can assist commissioning:



APPLIED HEALTH CARE RESEARCH

research that has a practical application for the benefit of patients and the NHS. This includes clinical research and health service delivery research.

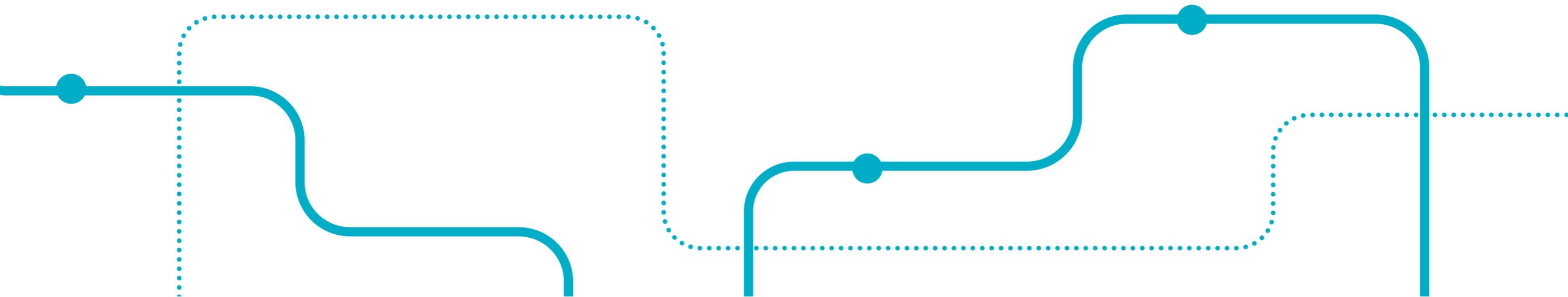


POLICY RESEARCH

research that works with policy makers to develop evidence informed health and care policy.

Recent research suggests that [NHS organisations who fully integrate research activities into operational structures can out-perform those who don't](#), leading to better care and more effective use of resources. The need to ensure this integrated approach to research has never been greater; the [Five Year Forward View](#) ambitions will only be delivered if the NHS commits to innovation, learning and evaluation.

NHS England's aim is for research and the use of evidence derived from research to become part of the day to day governance of healthcare organisations. We support NHS commissioners to routinely generate evidence and quickly learn what works and what doesn't at the patient, service and system levels. To do this we encourage local experimentation and practical action through a repeating cycle of implementation and evaluation.

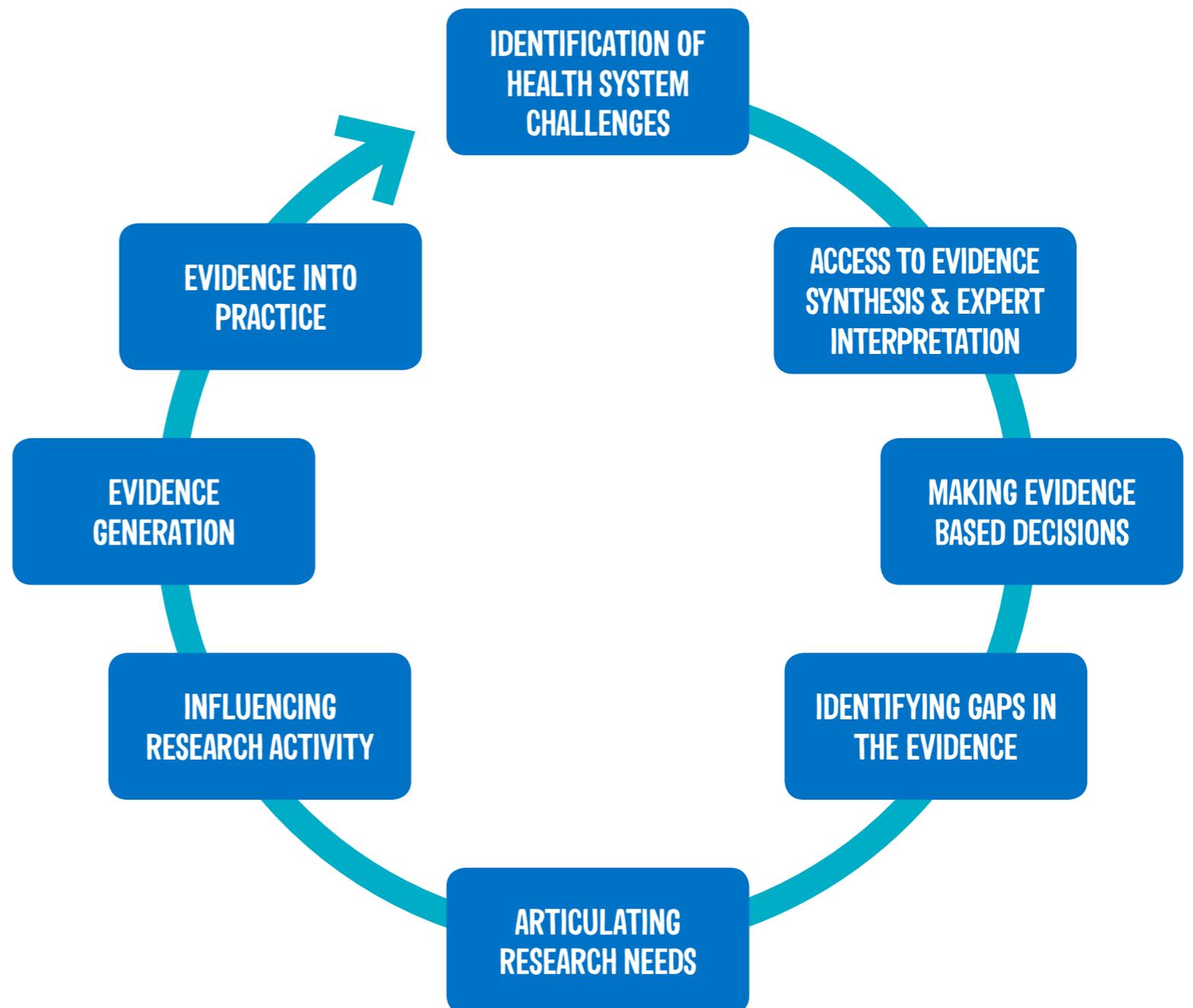


RESEARCH INTO PRACTICE

Research and the use of evidence within commissioning can be thought of as a continuous cycle, which commissioners will recognise, value and feel confident to put into practice. The cycle can be used to frame and embed an evaluation and research culture.

Nesta have produced a document called [Using Research Evidence: A Practice Guide](#). The guide points you on the right path to finding what evidence might help you, to build your confidence in understanding and using research, and to help you evaluate your own work.

THE CYCLE OF RESEARCH INTO PRACTICE



RESEARCH AND INNOVATION

There are three types of research relevant to innovation in the NHS:



GOVERNMENT FUNDED

tends to be carried out in government departments, universities, NHS, Local Government and industry. Government funded research is the responsibility of the [National Institute for Health Research](#) and the seven [Research Councils](#).

Government funded research supports public policy, non-commercial direct needs of society and early stages of research to attract private investment.

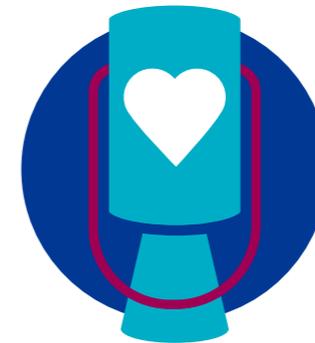


RESEARCH FUNDED BY COMPANIES

is aimed at developing commercial applications, generally with a technology push, not a needs pull. It is undertaken to maintain commercial advantage.

The highest spend is in pharmaceuticals, IT, aerospace and automotive industries.

The Government's role in company funded research is via support of innovation through technology transfer mechanisms, public-private partnerships, research and development tax credits, and other public policy initiatives, such as the Small Business Research Initiative.



CHARITABLE ORGANISATIONS

supports specific objectives of philanthropic organisations. It is usually carried out in universities, research institutes and NHS, and is generally openly available.

RESEARCH AND INNOVATION

WHY IS THIS IMPORTANT TO COMMISSIONERS?

Research supports the spread and adoption of leading edge thinking within healthcare and in the development of devices and products.

Evidence based innovation allows for continual improvement in treatments, services and system redesign.

A recent review by Sir Paul Nurse, former President of the Royal Society, summed up research as:

“... a complex interactive system, with knowledge generated at different places influencing upstream in the creation of new discoveries and downstream in the production of new inventions and applications.

New discoveries enable new inventions, and new inventions enable new discoveries”

GETTING HELP



There are a range of organisations referred to in the infographic. Here are some of the key ones that should be your first port of call when thinking about research.

ACADEMIC HEALTH SCIENCE NETWORKS:

Their goal is to improve patient and population health outcomes by translating research into practice, and developing and implementing integrated health care services. They support knowledge exchange networks to build alliances across internal and external networks and actively share best practice, and provide for rapid evaluation and early adoption of new innovations.

CLAHRCs:

Collaborations for Leadership in Applied Health Research and Care (CLAHRCs), funded by the NIHR, bring together a collaboration of local providers of NHS services and NHS commissioners, universities, other relevant local organisations and the relevant Academic Health Science Network. Their purpose is to conduct applied health research across the NHS, and translate research findings into improved outcomes for patients. The 13 NIHR CLAHRCs primarily focus on research targeted at chronic disease and public health interventions.

NIHR CLINICAL RESEARCH NETWORKS:

The CRN provides the infrastructure that allows high-quality clinical research to take place in the NHS, so that patients can benefit from new and better treatments. They help researchers to set up clinical studies quickly and effectively; support the life-sciences industry to deliver their research programmes; provide health professionals with research training; and work with patients to ensure their needs are at the very centre of all research activity.

NIHR RESEARCH DESIGN SERVICE:

NIHR Research Design Service: The NIHR funds this service to provide design and methodological support to researchers across England to develop grant applications to the NIHR and other national peer-reviewed funding programmes. Advisers in bases across England offer a breadth of experience and a proven track record in improving research applications.

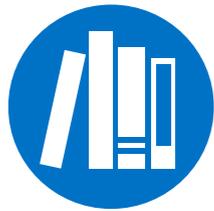
HOW TO USE THE INFOGRAPHIC

BUTTONS

All buttons are circular and have the following properties:



Pink buttons are used for navigation and are activated when clicked.



When clicked on or hovered over, a button turns blue indicating the section and domain page that the user is on or will go to when clicked.

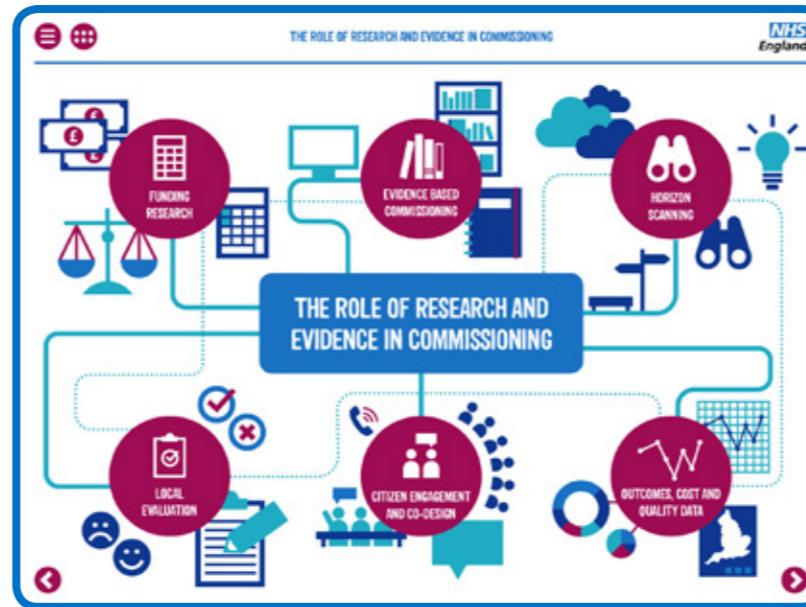


The Aqua number buttons activate when hovered over and reveal information in each domain.

EXTERNAL LINKS

External hyperlinks within the text are highlighted in **bold and are underlined**

NAVIGATION

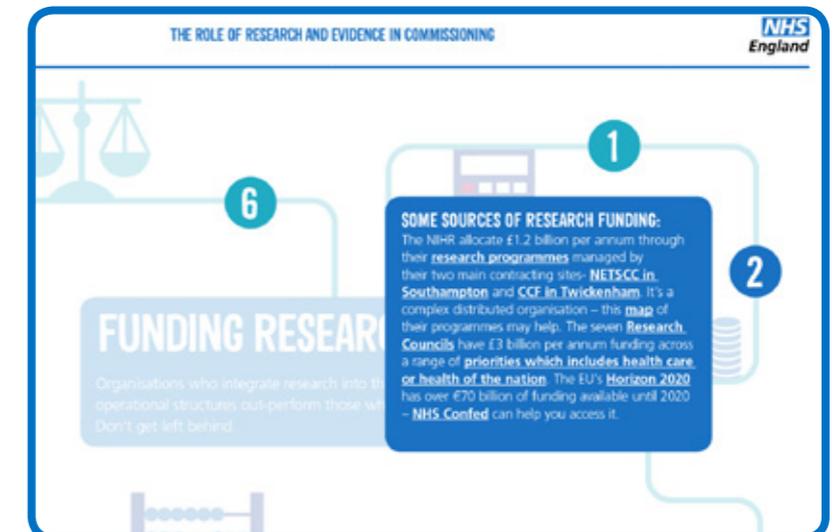
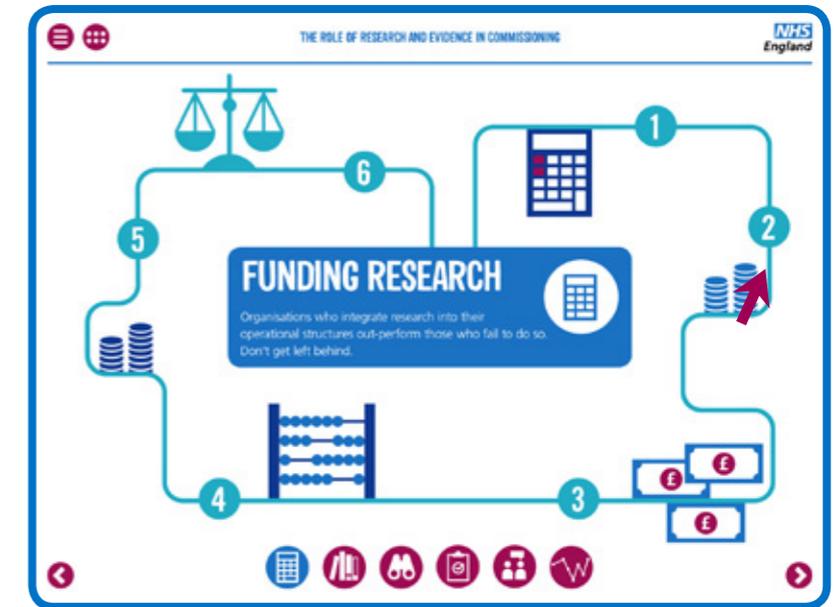


This resource is split into 6 domains:

- Funding research
- Guidelines and research
- Horizon scanning
- Local evaluation
- Citizen engagement and co-design
- Outcomes, cost and quality data

Each of these domains can be accessed from the infographic home page by clicking the individual button or once into the infographic, by clicking the buttons at the bottom of the page.

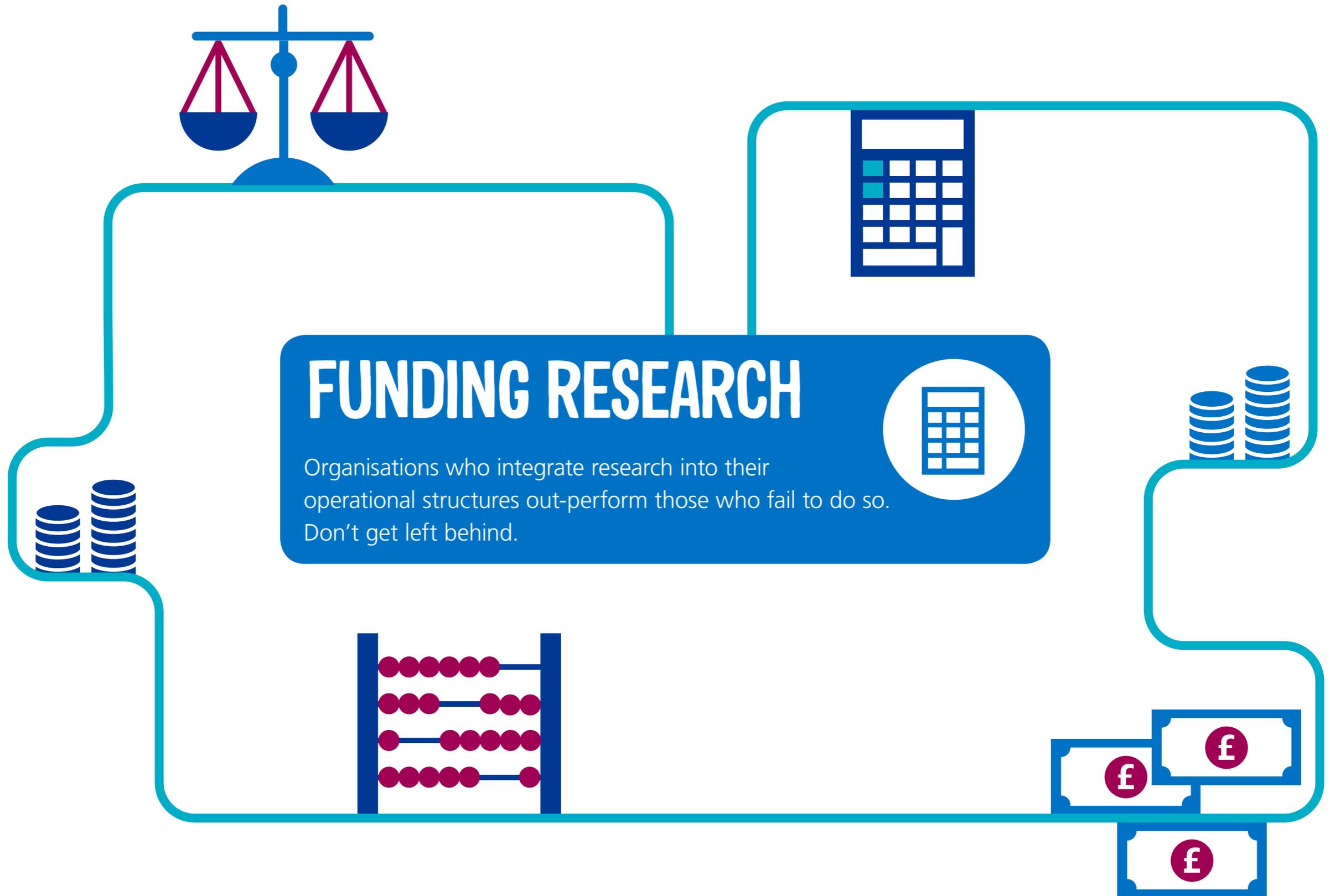
DOMAIN PAGES



Each domain is split into separate sections of information. To view each section roll you cursor over a number.

GET STARTED







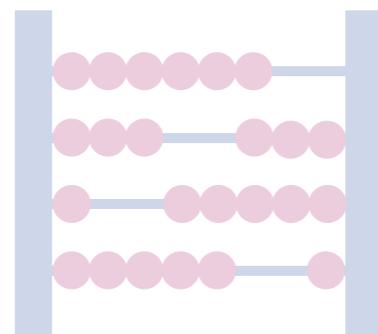
THE LANDSCAPE:

A recent review identified three sources of funding: government-funded, company-funded and **charity-funded** research. The research funded in these different sectors often overlaps and is highly inter-connected. There are various types of research, including “discovery” (sometimes called pure or basic), “applied” and “transactional” research. CCGs focus on applied research, which given its position on the cusp between knowledge generation and application, will often involve co-funding from all three sources.

1

FUNDING RES

Organisations who integrate research into their operational structures out-perform those who fail to do so. Don't get left behind.





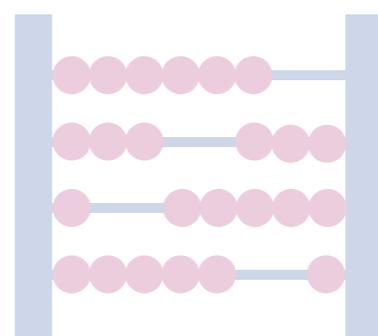
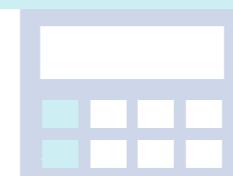
FUNDING RESEARCH

Organisations who integrate research into their operational structures out-perform those who don't. Don't get left behind.

SOME SOURCES OF RESEARCH FUNDING:

The NIHR allocate £1.2 billion per annum through their **research programmes** managed by their two main contracting sites- **NETSCC in Southampton** and **CCF in Twickenham**. It's a complex distributed organisation – this **map** of their programmes may help. The seven **Research Councils** have £3 billion per annum funding across a range of **priorities which includes health care or health of the nation**. The EU's **Horizon 2020** has over €70 billion of funding available until 2020 – **NHS Confed** can help you access it.

2



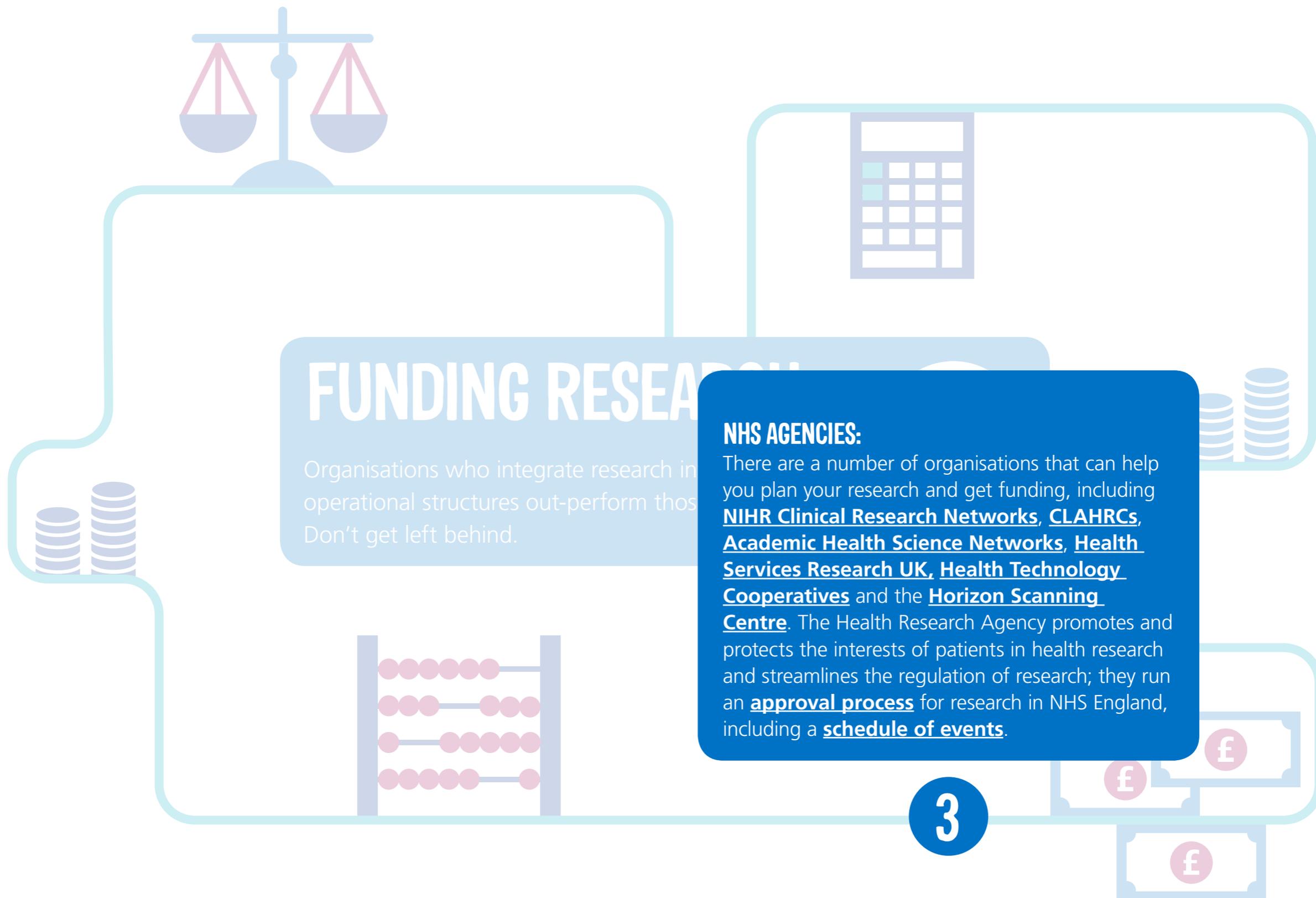
FUNDING RESEARCH

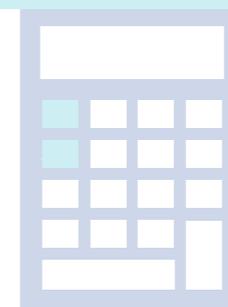
Organisations who integrate research in operational structures out-perform those that do not. Don't get left behind.

NHS AGENCIES:

There are a number of organisations that can help you plan your research and get funding, including [NIHR Clinical Research Networks](#), [CLAHRCs](#), [Academic Health Science Networks](#), [Health Services Research UK](#), [Health Technology Cooperatives](#) and the [Horizon Scanning Centre](#). The Health Research Agency promotes and protects the interests of patients in health research and streamlines the regulation of research; they run an [approval process](#) for research in NHS England, including a [schedule of events](#).

3





FUNDING RESEARCH



RESEARCH CONVERSATIONS WITH PROVIDERS:

The **NHS Standard Contract** enables commissioners – as part of their provider contract management – to understand the research portfolio picture within the provider organisation. This enables the communication of local commissioner strategic needs assessments within the provider contract negotiations. Commissioners should feel reassured that their providers, when applying for research funding, consider the commissioning priorities. A **Patients in Research Framework** document provides examples of wording you can use in your provider contracts. You can find examples of commissioner-led research on individual **CCG websites**.

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perform those who fail to do so.



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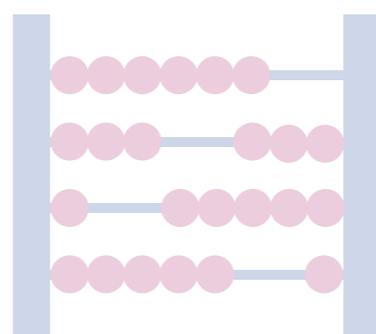
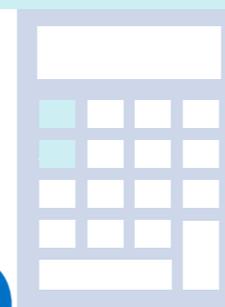
UNDERSTANDING COST IMPLICATIONS FOR PROVIDERS:

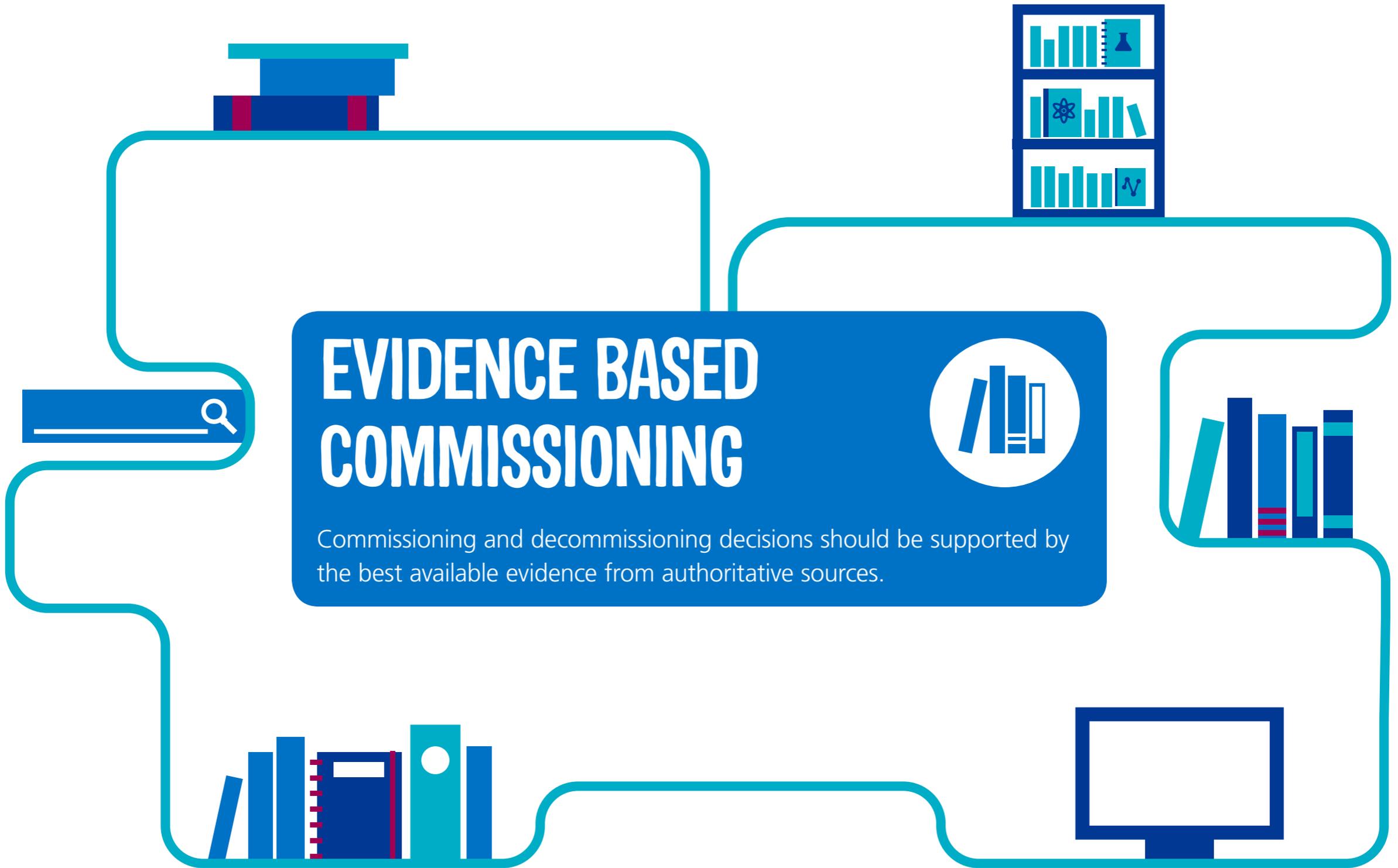
The NHS must ensure that the treatment costs of patients involved in non-commercial research are met. The payment of treatment costs in excess of normal care (**excess treatment costs**) can cause friction between provider and commissioner. However, clinical research can also generate substantial cost savings for the NHS – these savings made during the course of a study are known as Excess Treatment Savings. Commissioners should consider the extent to which providers have offset any excess costs incurred by a study against treatment savings incurred in their other on-going studies when determining whether to provide additional funding for Excess Treatment Costs. Likewise commissioners should not seek to recover savings without consideration of excess costs. To help in this decision, NHS England has published **Excess Treatment Costs guidance**. The **AcoRD guidance** provides a framework for the NHS and its partners to identify and recover the various costs associated with research in the NHS. It clarifies the distinction between the three costs of research: Research Costs, NHS Support Costs and Excess Treatment Costs.

6

GET HELP IF YOU ARE THINKING OF DOING RESEARCH:

Clinical Trials Units (CTUs) provide expertise and advice – you should contact a CTU early in the process of developing research ideas and preparing funding applications. The **NIHR Research Design Service** also helps researchers prepare proposals for submission to NIHR and other peer-reviewed funding competitions for applied health or social care research. Get involved with your local Clinical Research Network who can help through **learning resources, training sessions** and a **support service**. Also, try your **commissioning support unit**.





EVIDENCE BASED COMMISSIONING

Commissioning and decommissioning decisions should be supported by the best available evidence from authoritative sources.

1

EVIDENCE BASED COMMISSIONING

Commissioning and decommis
the best available evidence fro

NICE:

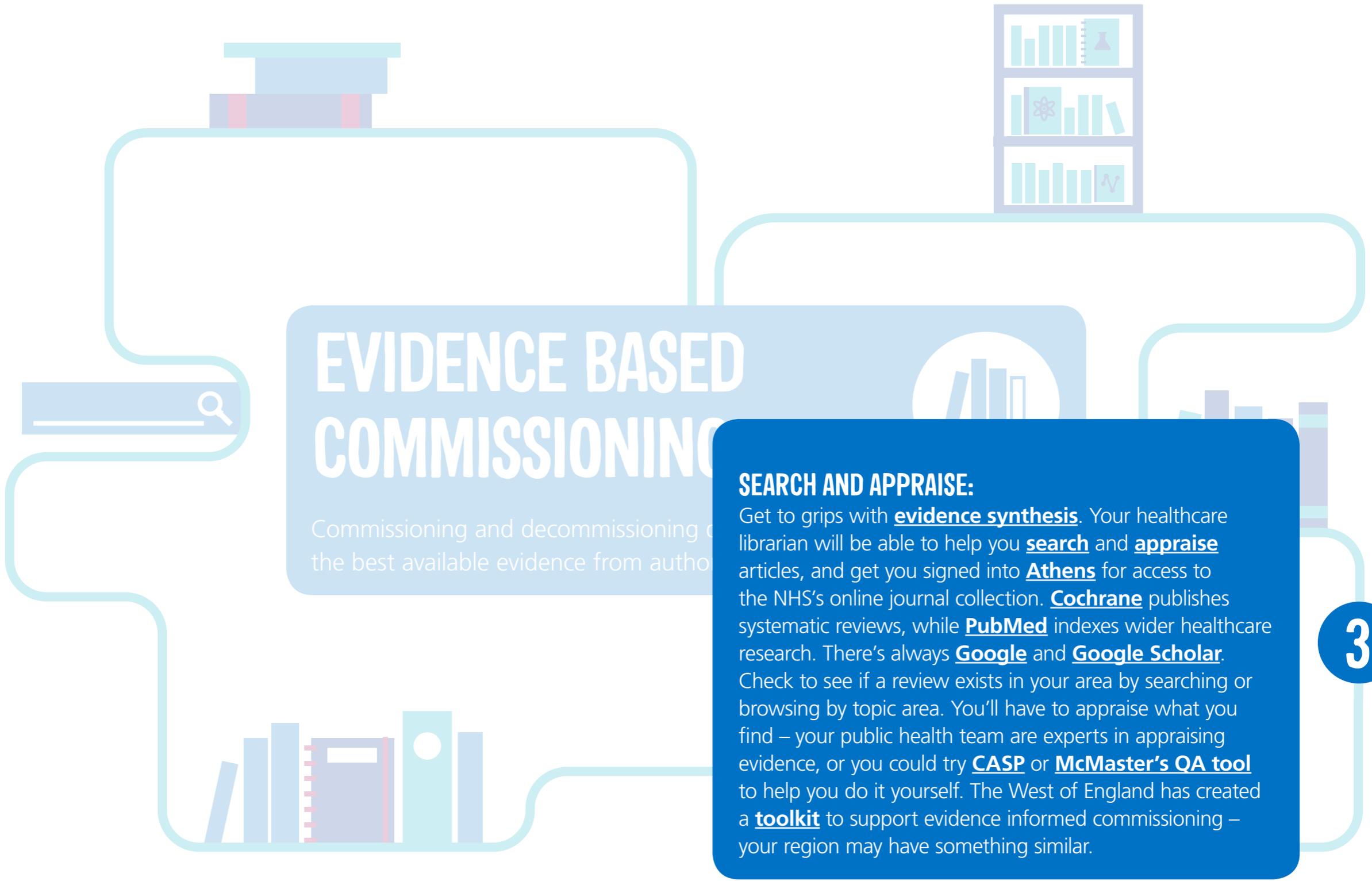
NICE is a good place to start. NICE **guidelines** make evidence-based recommendations across a wide range of topics. **Quality standards** are concise sets of statements, with accompanying metrics, designed to drive and measure quality improvements in a particular area of care. NICE's **Return on investment tools** allows you to evaluate a selection of interventions in your area and model the expected economic returns. NICE have a range of other **audit and service improvement tools**, and also host their own **Evidence Search**, which is like Google but searches only authoritative sources.

2

PROFESSIONAL ASSOCIATIONS:

Many professional health care associations, such as the Royal Colleges, have resources to help commissioning – for example the Royal College of Surgeons has a **National Surgical Commissioning Centre** with commissioning guides and data tools which allow CCGs and providers to examine local clinical variation. The Royal College of Physicians has a **commissioning hub** that brings together all their publications on commissioning, including audits and quality improvement projects. Check the relevant professional associations in the area you are commissioning and see if they have any relevant guidelines or resources. Finally, the **King's Fund** and **Nuffield Trust** commissioning pages include white papers and blogs on commissioning approaches – the Kings Fund also has a great **library** that offers an evidence search and queries service.

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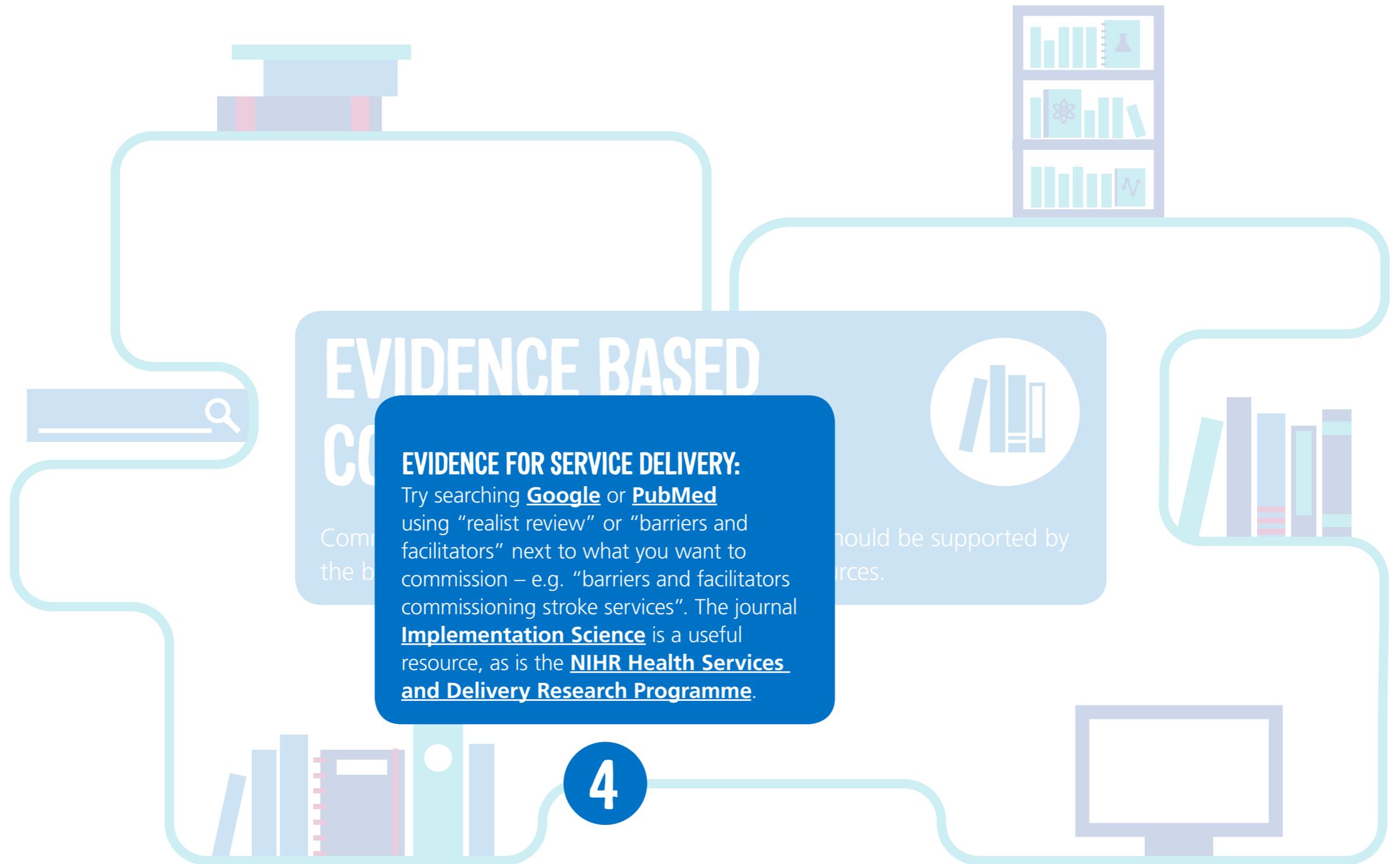
A graphic titled 'EVIDENCE BASED COMMISSIONING' with a subtitle 'Commissioning and decommissioning of services using the best available evidence from authoritative sources'. The graphic features a central blue box with white text, surrounded by light blue rounded rectangles and lines. In the background, there are stylized icons of books, a search bar with a magnifying glass, and a bookshelf with various charts and graphs.

EVIDENCE BASED COMMISSIONING

Commissioning and decommissioning of services using the best available evidence from authoritative sources

SEARCH AND APPRAISE:

Get to grips with **evidence synthesis**. Your healthcare librarian will be able to help you **search** and **appraise** articles, and get you signed into **Athens** for access to the NHS's online journal collection. **Cochrane** publishes systematic reviews, while **PubMed** indexes wider healthcare research. There's always **Google** and **Google Scholar**. Check to see if a review exists in your area by searching or browsing by topic area. You'll have to appraise what you find – your public health team are experts in appraising evidence, or you could try **CASP** or **McMaster's QA tool** to help you do it yourself. The West of England has created a **toolkit** to support evidence informed commissioning – your region may have something similar.



5

COMMISSION REVIEWS:

Contact your [Academic Health Science Network](#) or [CLAHRC](#) if you want to commission a review of the evidence. Your **commissioning support unit** may be able to help too. You may want your CSU or Lead Provider to develop an offer to you relating to research and evidence for decision making? There are a variety of evidence synthesis methods available, ranging from narrative reviews to full systematic reviews. **Rapid evidence reviews** are a resource-efficient way to study the evidence. They are rigorous and transparent, but make concessions for the timeliness and utility of the output, and thus are not full **systematic reviews** of the literature

ons should be supported by
e sources.

6

ASSESS YOURSELF:

The Innovation Agency, which is the Academic Health Science Network for the North West Coast, has produced a self assessment tool for CCGs: The Evidence for Innovation: A Strategic Insight Tool. The purpose of this tool is to highlight how your organisation uses evidence for innovation, improvement and transformation. The tool takes the format of a maturity matrix which is commonly used by many Boards. The Matrix enables a conversation around evidence that reflects a wider set of subjects other than just technology or NICE guidance and encourages a more systematic

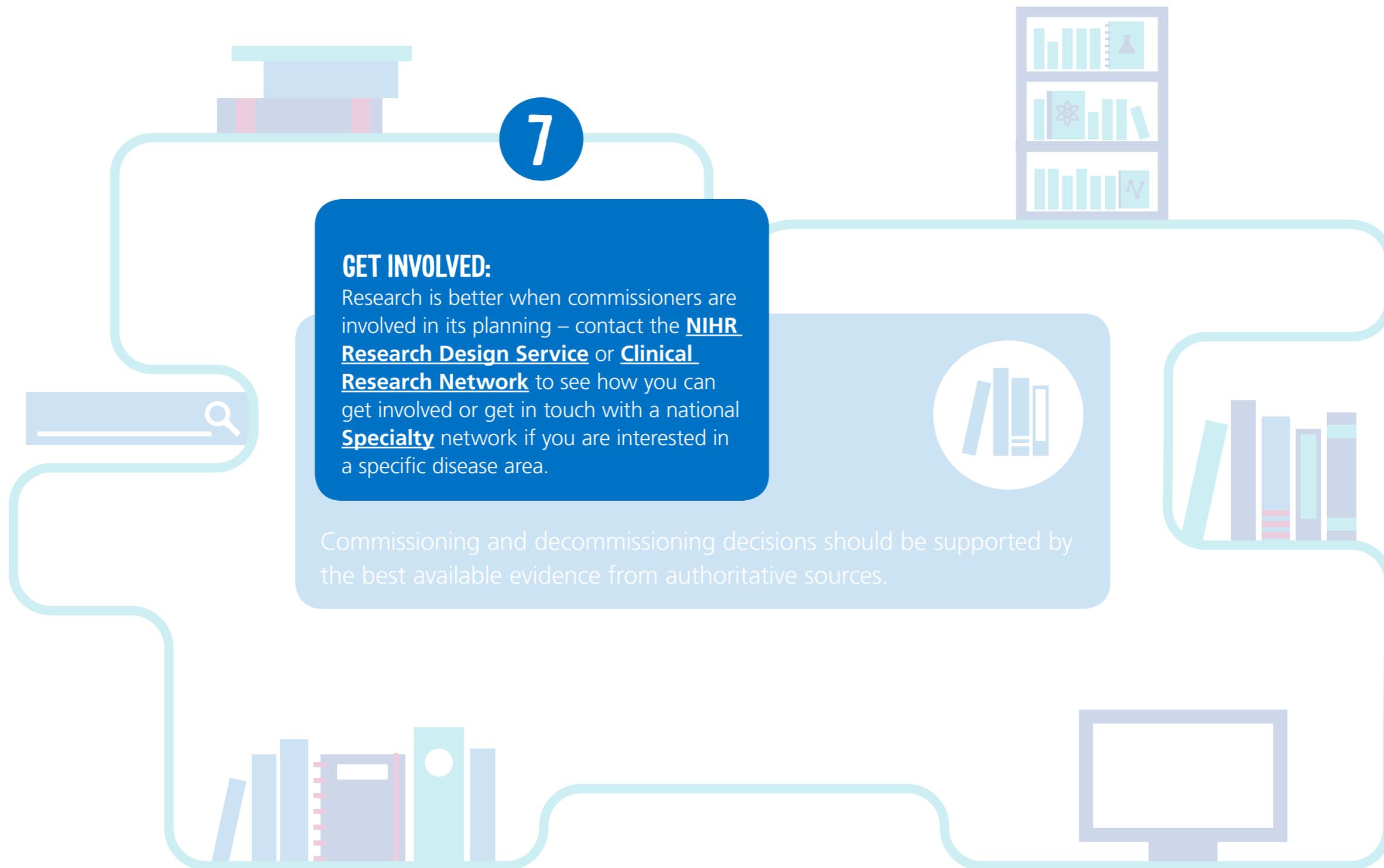
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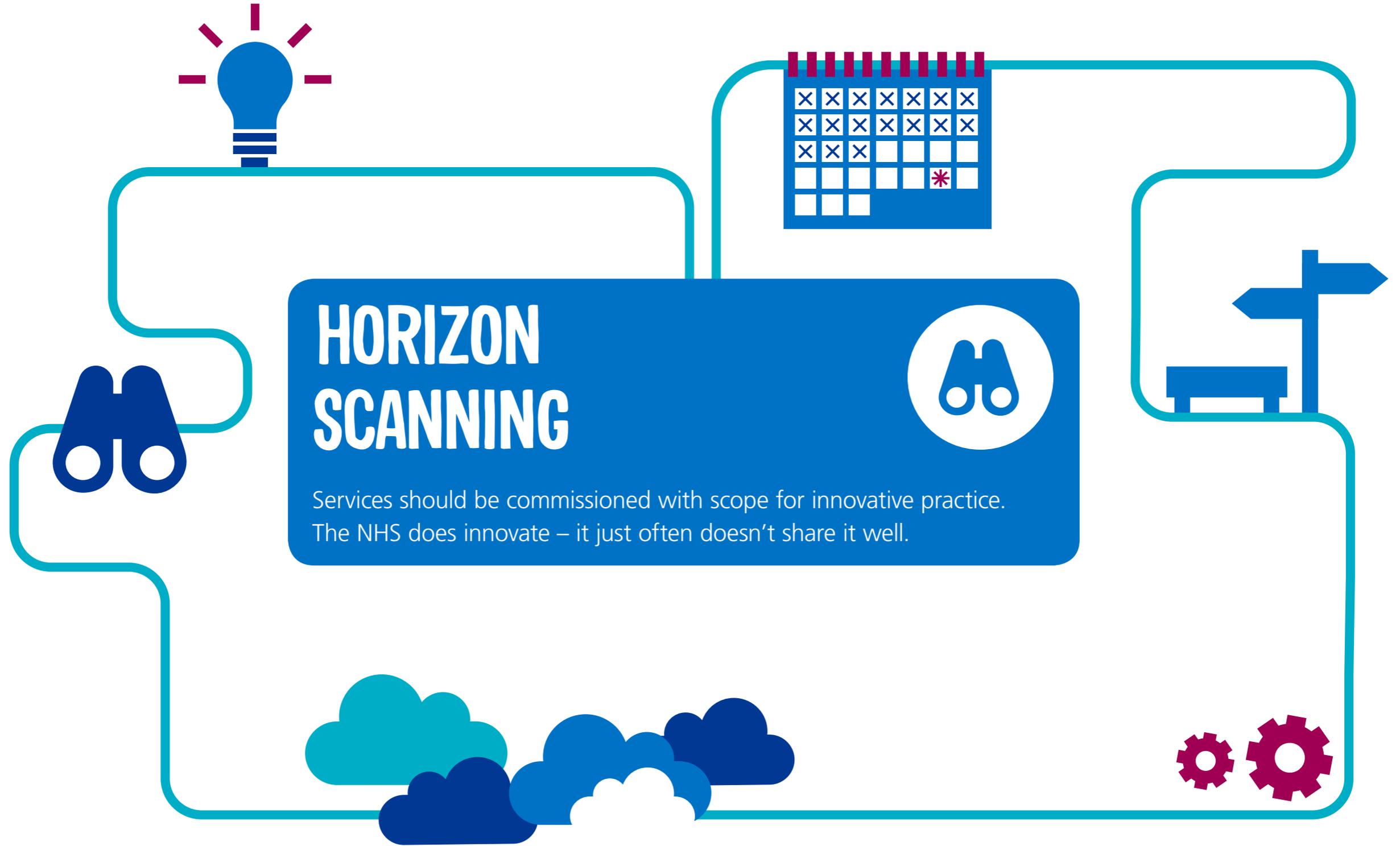
7

GET INVOLVED:

Research is better when commissioners are involved in its planning – contact the [NIHR Research Design Service](#) or [Clinical Research Network](#) to see how you can get involved or get in touch with a national [Specialty](#) network if you are interested in a specific disease area.

Commissioning and decommissioning decisions should be supported by the best available evidence from authoritative sources.





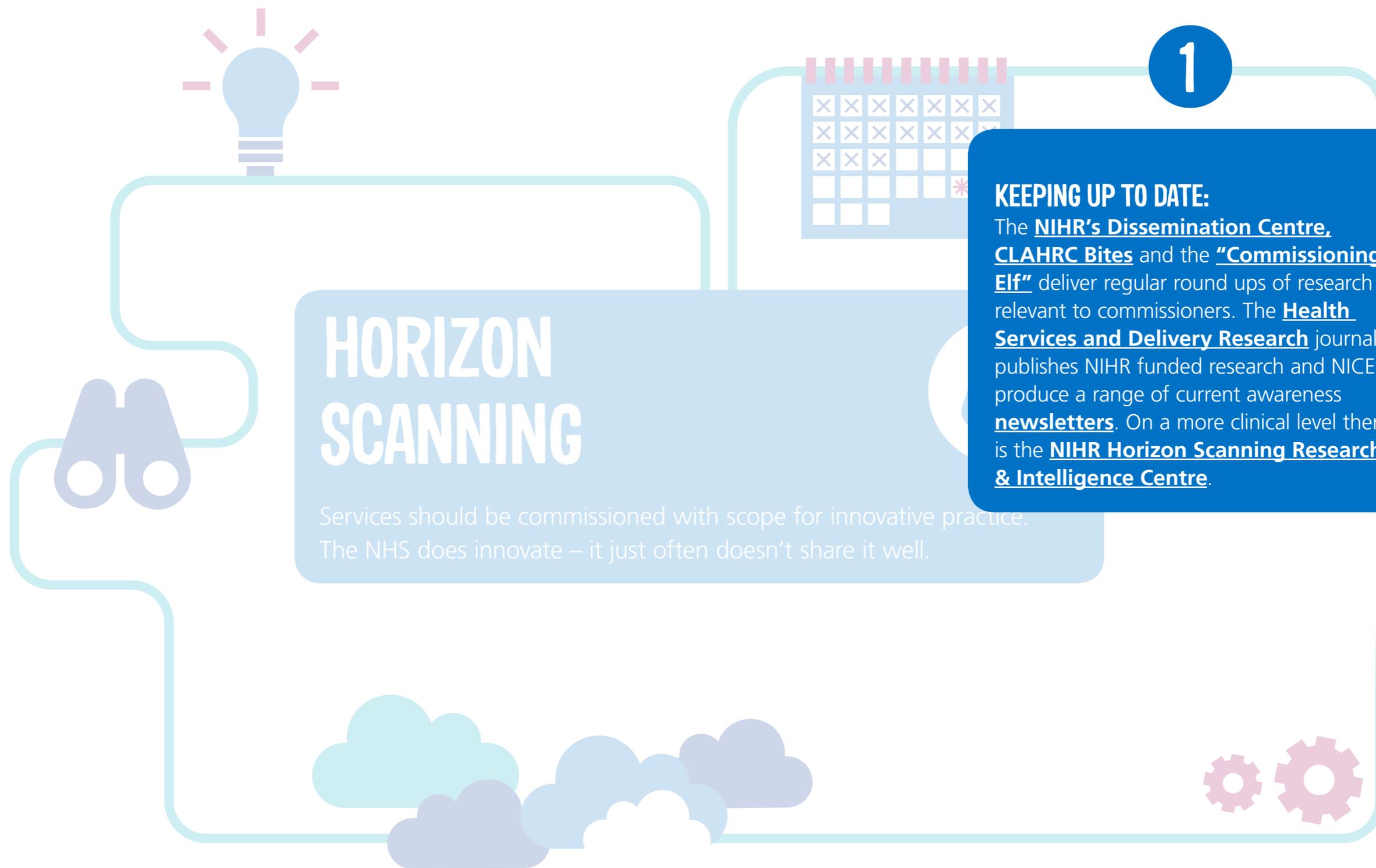
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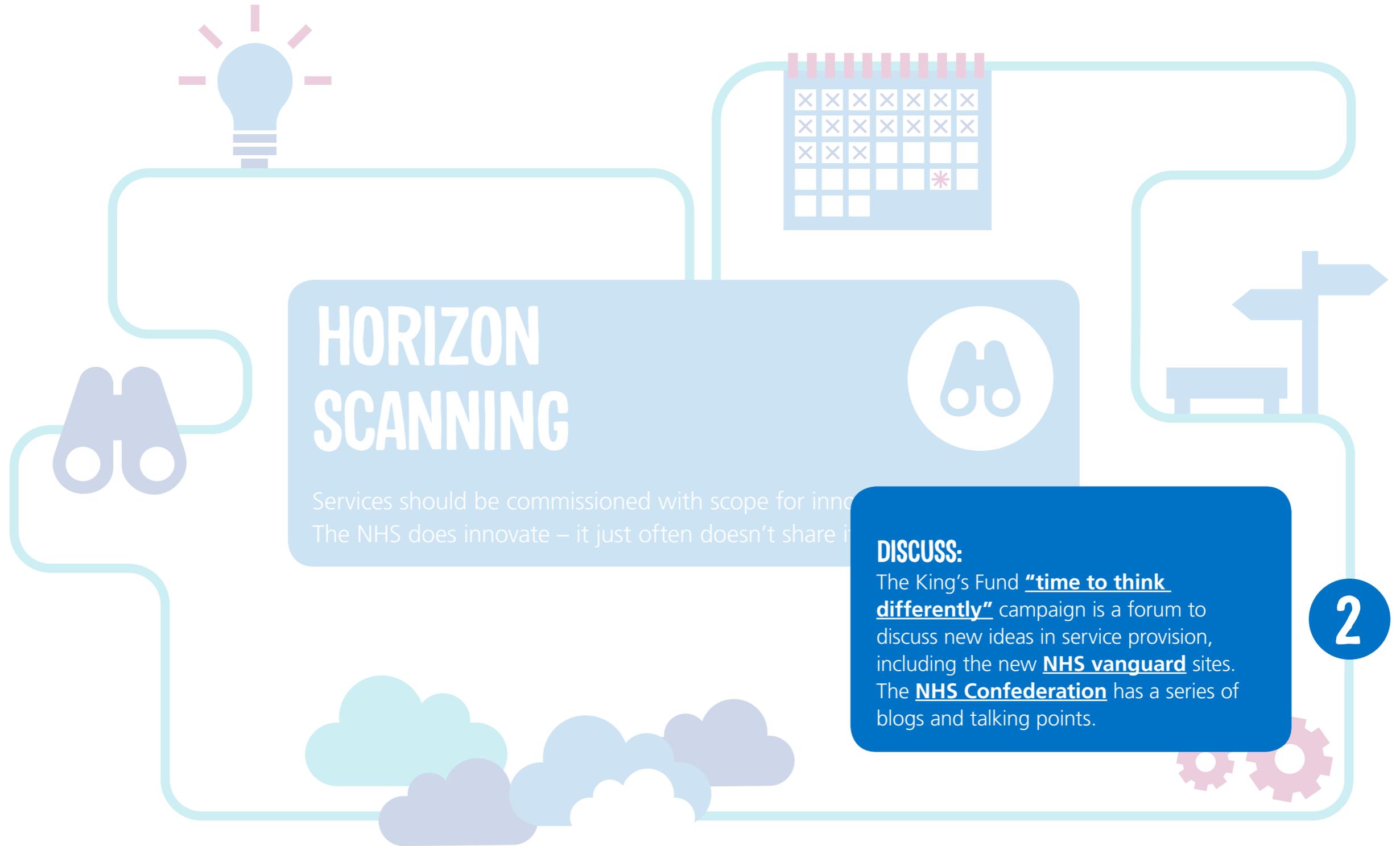
HORIZON SCANNING

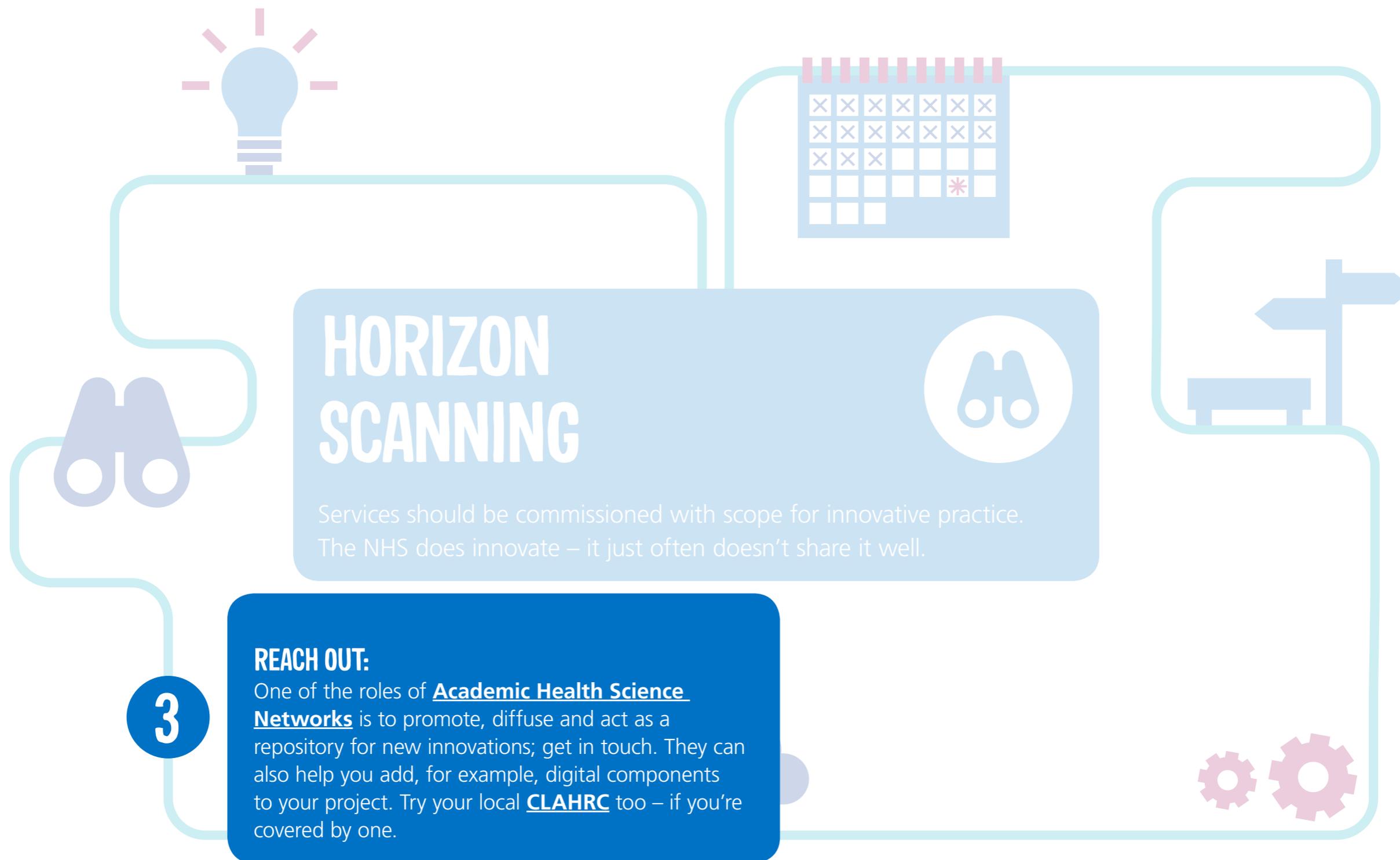
Services should be commissioned with scope for innovative practice.
The NHS does innovate – it just often doesn't share it well.

KEEPING UP TO DATE:

The [NIHR's Dissemination Centre](#), [CLAHRC Bites](#) and the "[Commissioning Elf](#)" deliver regular round ups of research relevant to commissioners. The [Health Services and Delivery Research](#) journal publishes NIHR funded research and NICE produce a range of current awareness [newsletters](#). On a more clinical level there is the [NIHR Horizon Scanning Research & Intelligence Centre](#).





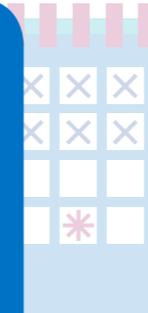




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GET HELP:

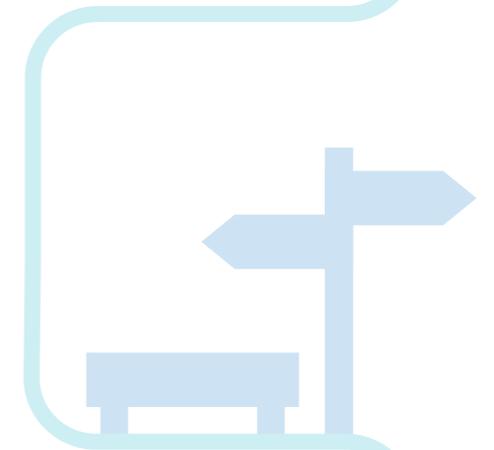
Engaging with key thought leaders and subject area experts in your local community and beyond will also be helpful. Your healthcare librarian will be able to help you set up and manage a horizon scanning alert service.



HORIZON SCANNING

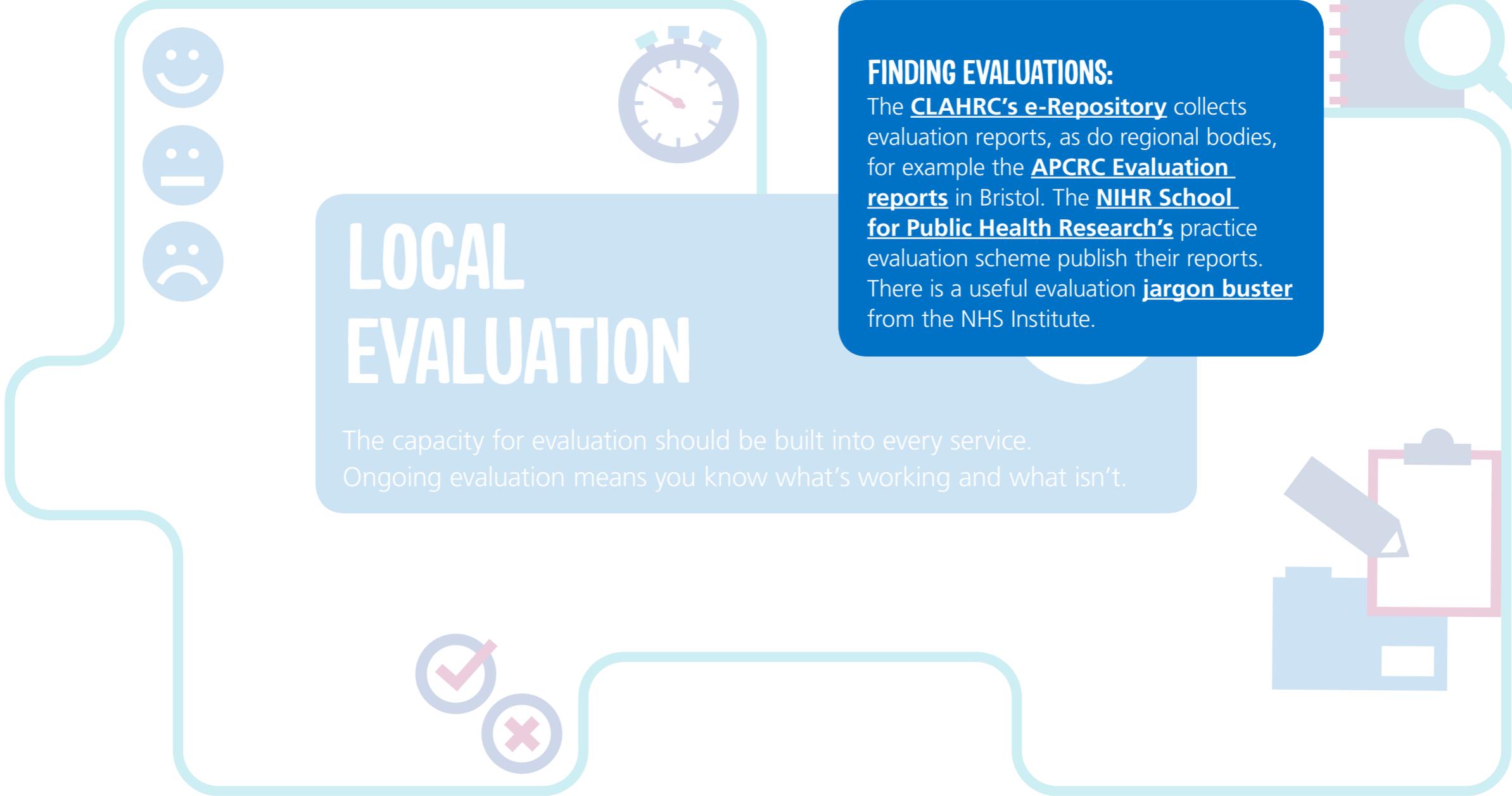


Services should be commissioned with scope for innovative practice. The NHS does innovate – it just often doesn't share it well.





1



The graphic is a light blue rounded rectangle containing several icons: a stopwatch, three smiley faces (happy, neutral, sad), a magnifying glass over a notebook, a clipboard with a pen, and two circles containing a checkmark and an 'X'. The main title 'LOCAL EVALUATION' is in large white letters. Below it is a paragraph of text. To the right is a dark blue box with a white number '1' in a circle at the top, containing a section header and a paragraph of text.

LOCAL EVALUATION

The capacity for evaluation should be built into every service. Ongoing evaluation means you know what's working and what isn't.

FINDING EVALUATIONS:

The [CLAHRC's e-Repository](#) collects evaluation reports, as do regional bodies, for example the [APCRC Evaluation reports](#) in Bristol. The [NIHR School for Public Health Research's](#) practice evaluation scheme publish their reports. There is a useful evaluation [jargon buster](#) from the NHS Institute.



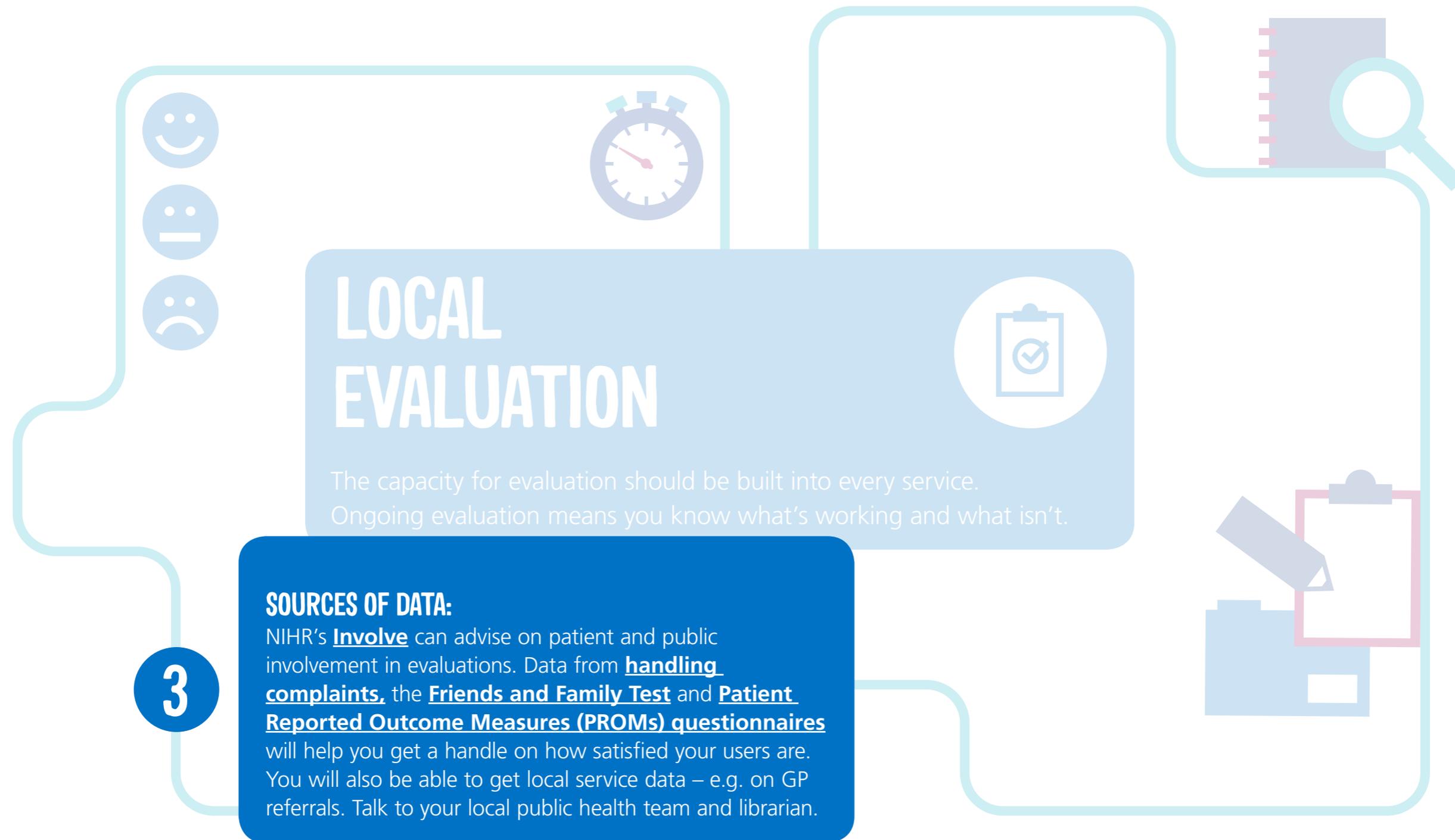
LOCAL EVALUATION

The capacity for evaluation should be built into every service. Ongoing evaluation means you know what's working and what's not.



HOW TO DO EVALUATIONS:

The Health Foundation has published **Evaluation: what to consider**, which covers questions from "Why do an evaluation?" to "How do we communicate evaluation findings?" CLAHRC have also published an **Evaluation Guide** and are putting together a soon-to-be-published list of evaluation tools. Your CCG may have a series of evaluation partners you can contact. Finally the West of England have put together an **evaluation toolkit** - your region may have something similar."



LOCAL EVALUATION

The capacity for evaluation should be built into every service. Ongoing evaluation means you know what's working and what isn't.

3

SOURCES OF DATA:

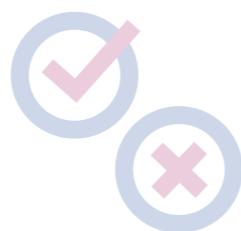
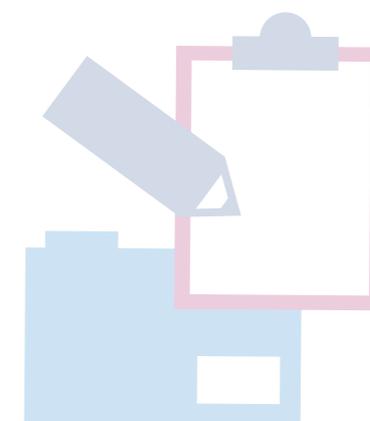
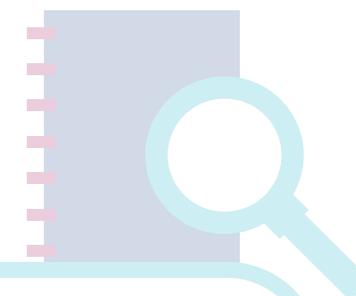
NIHR's [Involve](#) can advise on patient and public involvement in evaluations. Data from [handling complaints](#), the [Friends and Family Test](#) and [Patient Reported Outcome Measures \(PROMs\) questionnaires](#) will help you get a handle on how satisfied your users are. You will also be able to get local service data – e.g. on GP referrals. Talk to your local public health team and librarian.

4

GET HELP:

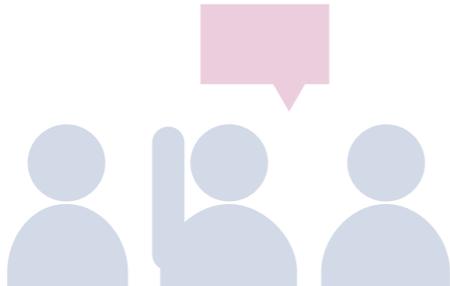
Your local [Academic Health Science Network](#) or [CLAHRC](#) will be able to help you incorporate evaluation into your commissioning. The [UK Evaluation Society](#) may be able to advise – they've published guidance too. Evaluation needs to be planned at the start of the project, not at the end, by which time it may be too late to obtain meaningful data.

The capacity for evaluation should be built into every service. Ongoing evaluation means you know what's working and what isn't.





1



CITIZEN ENGAGEMENT AND CO-DESIGN

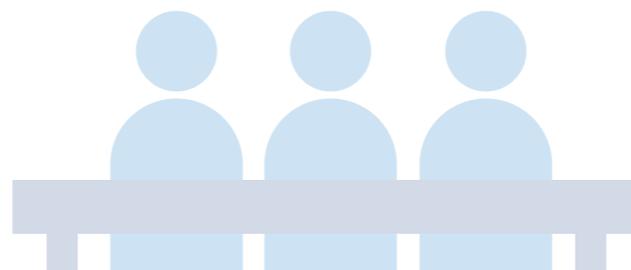


Commissioning and the design of services, pathways and products should be designed around your users. It will keep you in touch with local communities and improve your commissioning.

PEOPLE:



Talk to your local Patient and Public Involvement (PPI) lead. There are **national and regional** patient participation groups (PPGs). There's also the **Patients Association**. You will have **lay members and patient representatives** on your CCG board.

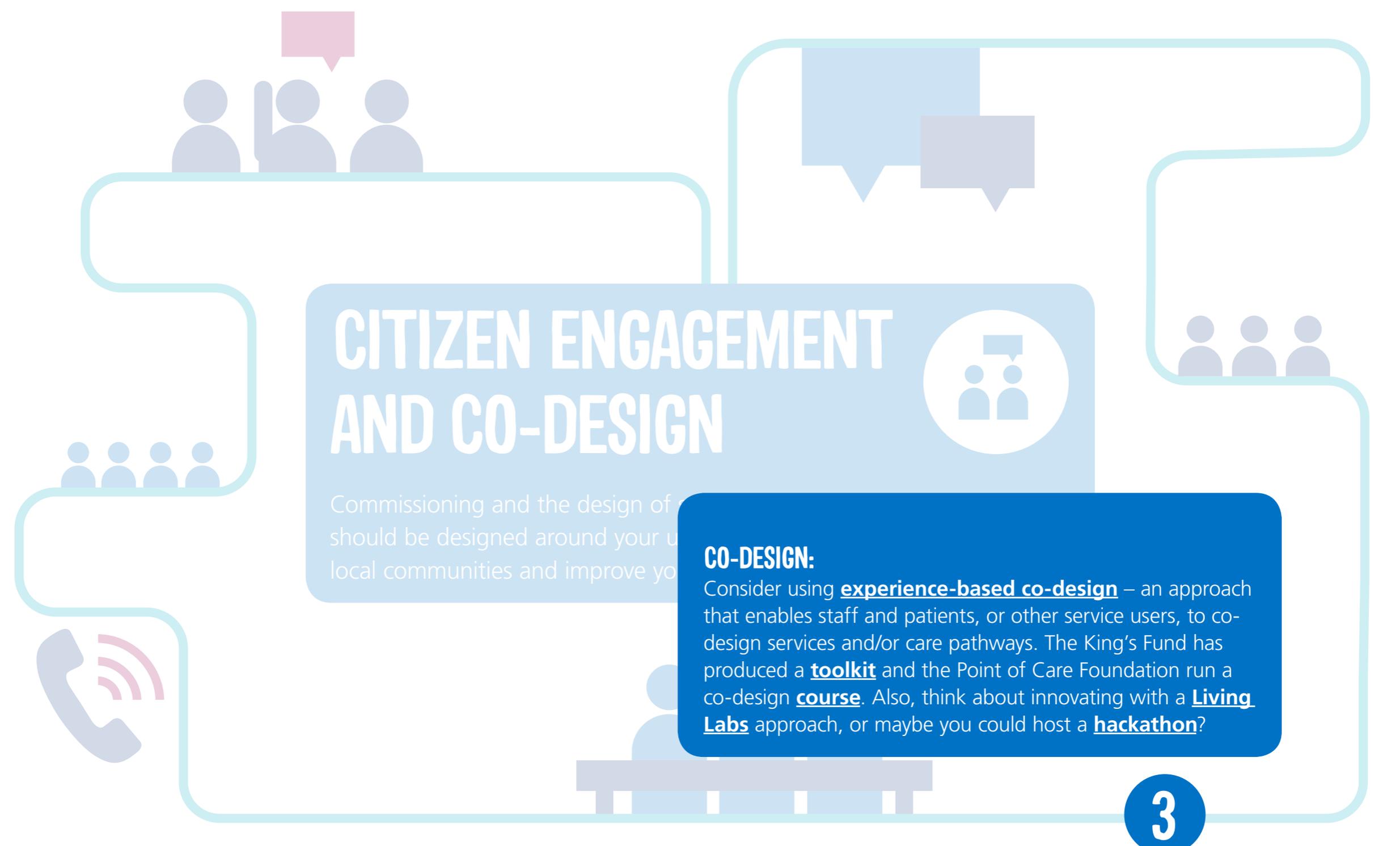


CITIZEN ENGAGEMENT AND CO-DESIGN

Commissioning and the design of services, p
should be designed around your users. It wil
local communities and improve your commis

GUIDANCE:

The document [“Transforming Participation in Health and Care, Guidance for Commissioners”](#) from NHS England describes how CCGs should involve patients and carers. In some cases consultations may be legally required. NHS England has published a guide, [“The functions of clinical commissioning groups”](#), that sets out the legal obligations and duties of CCGs.

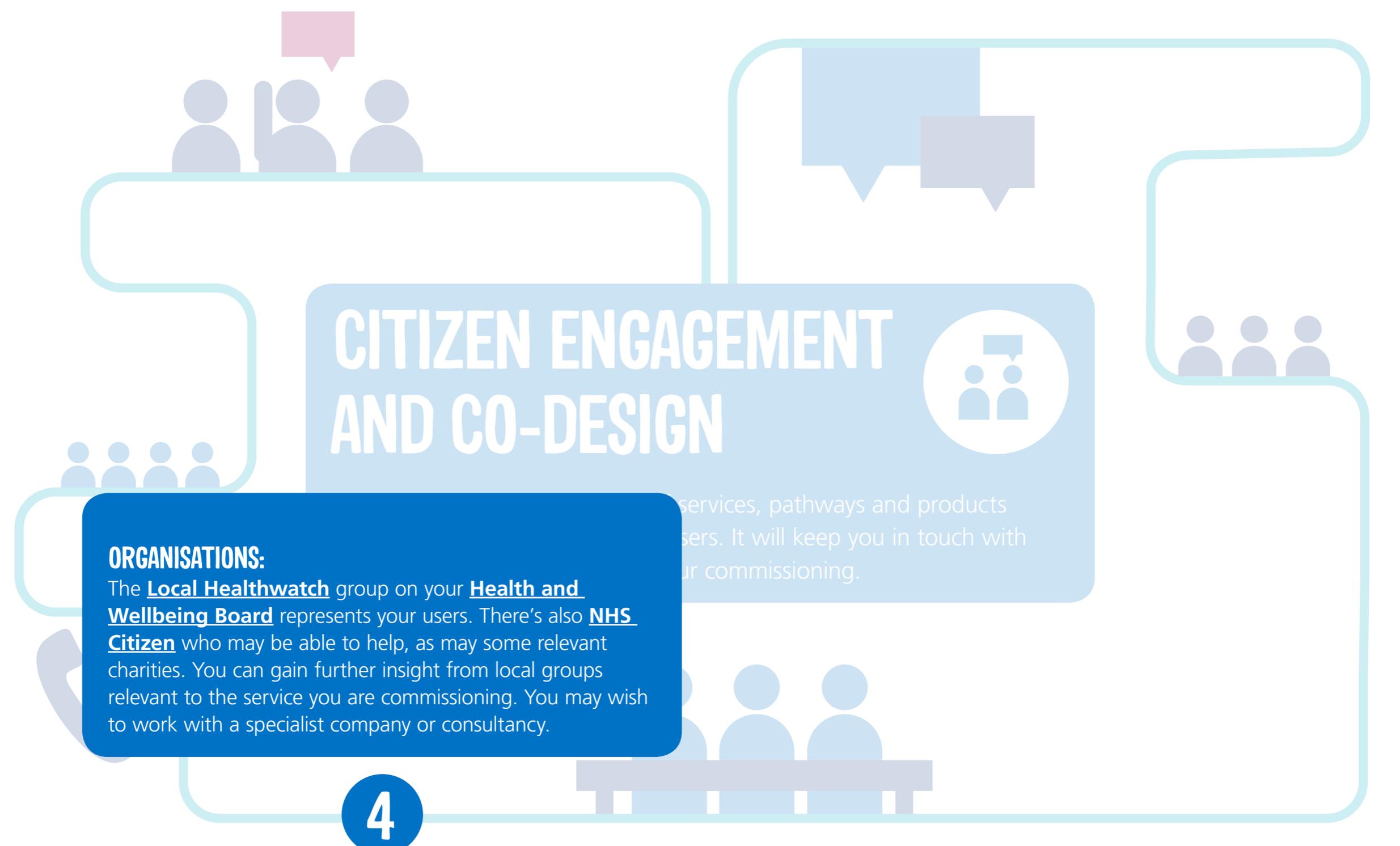


CITIZEN ENGAGEMENT AND CO-DESIGN

Commissioning and the design of services should be designed around your users, local communities and improve your

CO-DESIGN:

Consider using **experience-based co-design** – an approach that enables staff and patients, or other service users, to co-design services and/or care pathways. The King's Fund has produced a **toolkit** and the Point of Care Foundation run a co-design **course**. Also, think about innovating with a **Living Labs** approach, or maybe you could host a **hackathon**?

The background features a light blue and white color scheme with various icons representing people, speech bubbles, and communication. A central blue box contains the main title. A dark blue box on the left contains text about organizations. A large number '4' is at the bottom center.

CITIZEN ENGAGEMENT AND CO-DESIGN

ORGANISATIONS:

The [Local Healthwatch](#) group on your [Health and Wellbeing Board](#) represents your users. There's also [NHS Citizen](#) who may be able to help, as may some relevant charities. You can gain further insight from local groups relevant to the service you are commissioning. You may wish to work with a specialist company or consultancy.

4

services, pathways and products
users. It will keep you in touch with
our commissioning.

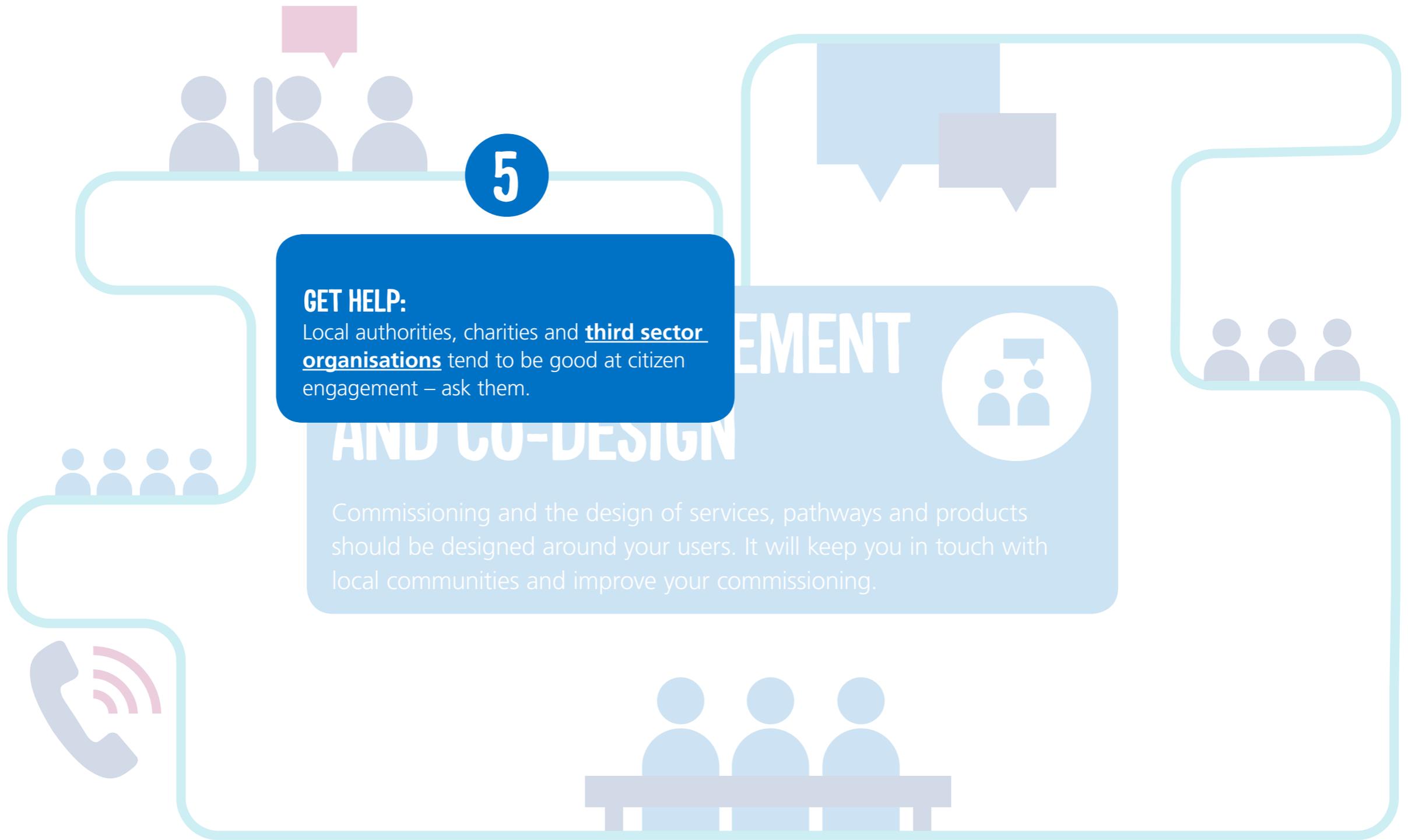
5

GET HELP:

Local authorities, charities and **third sector organisations** tend to be good at citizen engagement – ask them.

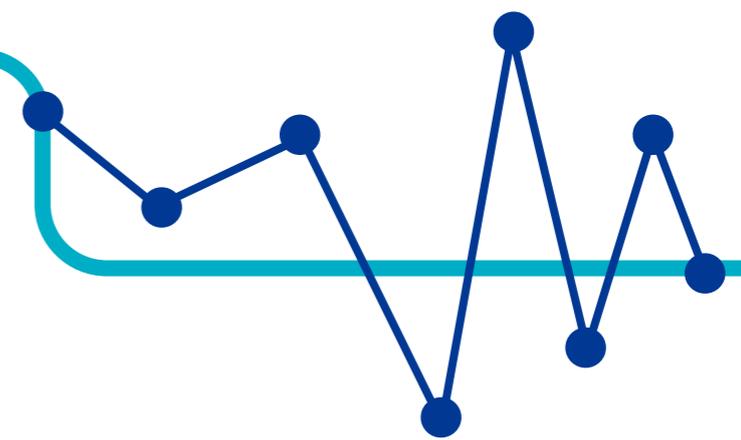
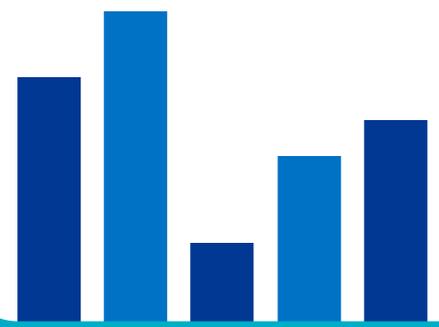
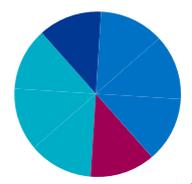
ENGAGEMENT AND CO-DESIGN

Commissioning and the design of services, pathways and products should be designed around your users. It will keep you in touch with local communities and improve your commissioning.



OUTCOMES, COST AND QUALITY DATA

Outcomes, costs and quality data are available for your region – use it to benchmark your services and identify areas of unmet need.



1

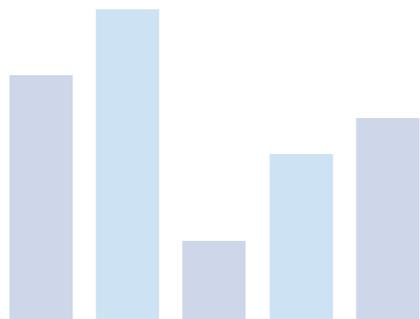
OUTCOMES, COSTS AND QUALITY DATA

Outcomes, costs and quality data are used to benchmark your services and

NHS ENGLAND:

NHS England provides practical support in gathering data, evidence and tools to help you transform the way care is delivered in your area.

NHS Right Care provides a suite of materials to support commissioning, including the **commissioning for value** packs. These packs will support discussions about prioritising areas for change. Other resources available from NHS England include **CCG outcomes tools** and **programme budgeting data**, showing financial information across disease areas.



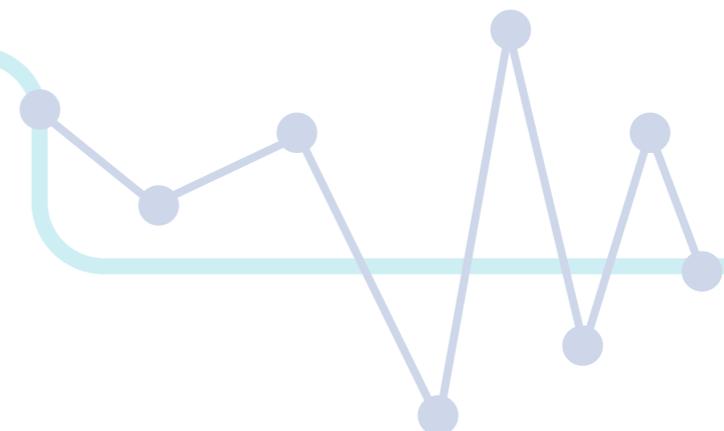
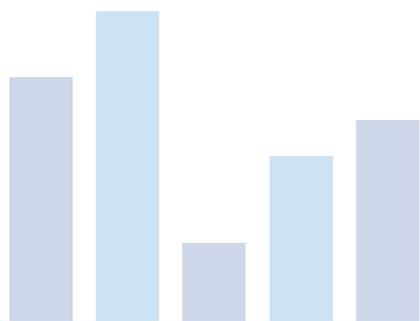
OUTCOMES, COST AND QUALITY DATA

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HEAT MAPS AND ATLASES:

Innovation Scorecards are available as “Instant Atlas” heat maps for **Medicine Disease Groupings**, **Use of Key Primary Care Medicines**, **Use of Medical Technologies**, and **Diagnostics**. They can be used to identify variation in the adoption of NICE technology appraisal guidance. Most of the data underpinning these are from the **HSCIC**. The **NHS Atlas of variation** has 100+ maps showing regional variation outcomes, costs and quality – use them to identify if your region displays unwarranted variation compared to others.

2



OUTCOMES, COST AND QUALITY DATA

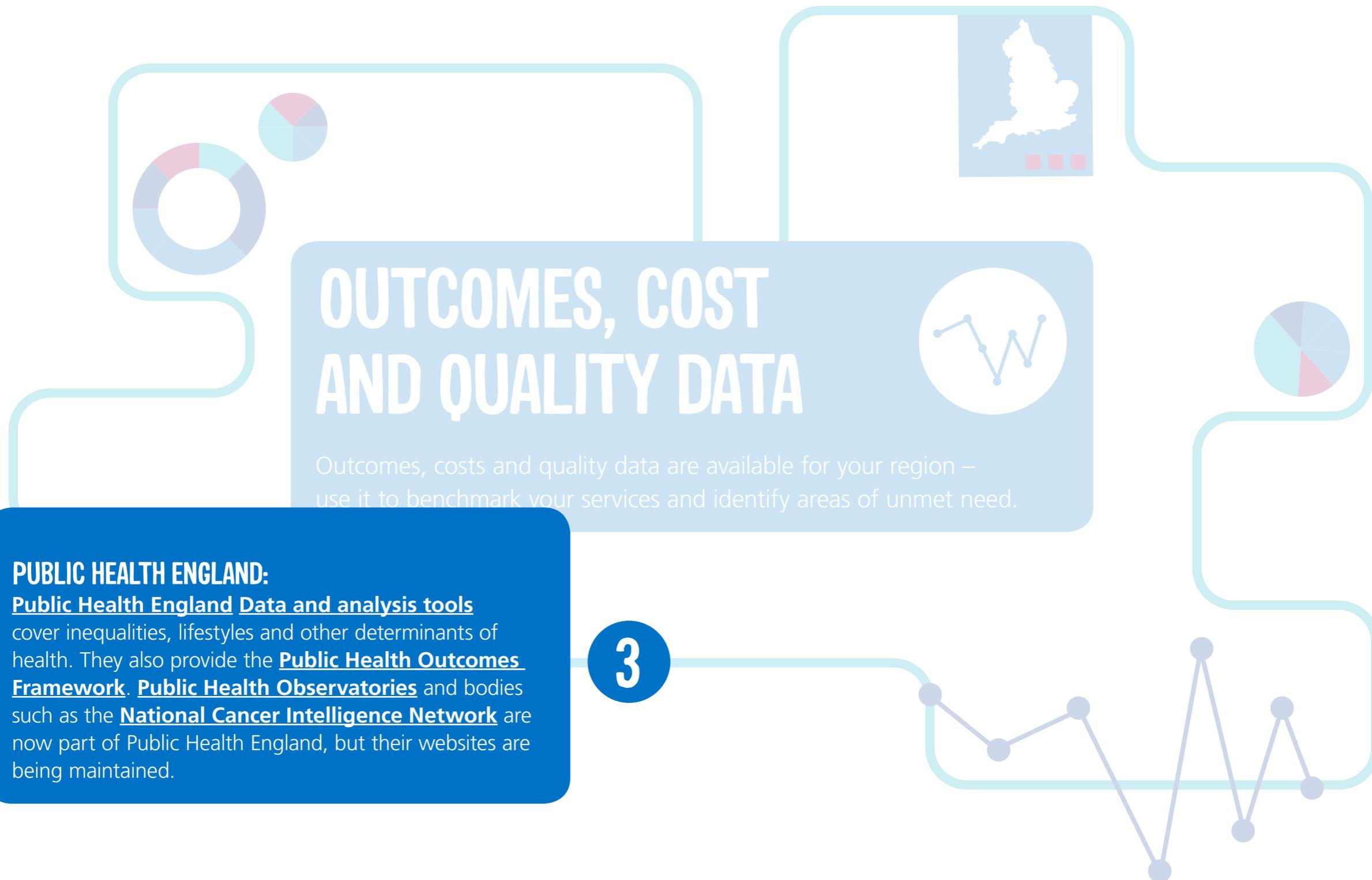
Outcomes, costs and quality data are available for your region – use it to benchmark your services and identify areas of unmet need.

PUBLIC HEALTH ENGLAND:

Public Health England Data and analysis tools

cover inequalities, lifestyles and other determinants of health. They also provide the Public Health Outcomes Framework. Public Health Observatories and bodies such as the National Cancer Intelligence Network are now part of Public Health England, but their websites are being maintained.

3



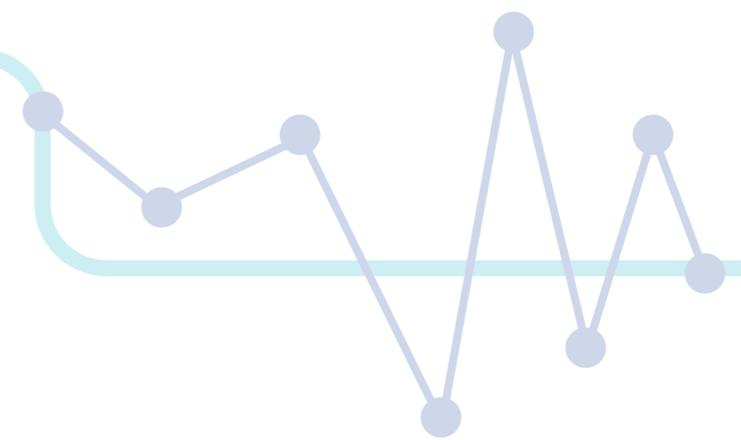
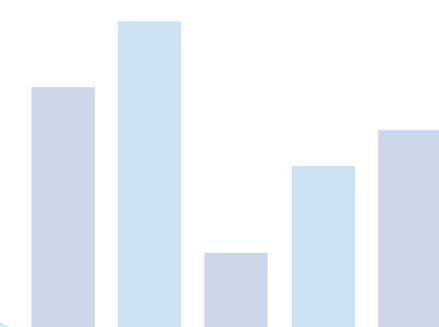
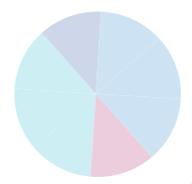
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GET HELP:

Ask your **commissioning support unit**, public health team, business intelligence team or healthcare librarian.

OUTCOMES, COST
AND QUALITY DATA

Outcomes, costs and quality data are available for your region – use it to benchmark your services and identify areas of unmet need.



NEXT STEPS

Thinking about research is challenging for a busy CCG with other priorities, but the potential rewards are great.

Research and its evidence translated into practice plays a vital role in commissioning. It enables the NHS to improve health outcomes, reduce health inequalities and secure its long term transformation and financial sustainability.

We hope this infographic can help you incorporate research, and the evidence from research, into your commissioning.

If you're unsure where to start, here are three suggestions:

1. Introduce yourself to your local CLARHC
2. Find out if your CCG has a Research manager
3. Reach out to your NHS providers and map current research activity

