



# DECIDE

## Guidance

### IS THIS GUIDANCE FOR YOU?

The guidance is aimed at anyone concerned with informing or making decisions about introducing or spreading innovations within the UK National Health Service, including providers and commissioners of care.

# STUDY INFORMATION

This guidance comes from the “DEcisions in health Care to Introduce or Diffuse innovations using Evidence” (DECIDE) study, funded by the Health Foundation, which was led by researchers at the University of Manchester and University College London. DECIDE examined the role of evidence in decisions about introducing or spreading innovations in health care. DECIDE is a mixed methods study involving four workstreams ([see study protocol for detailed overview, Turner et al. 2016](#)):

1. Systematic scoping review of relevant literature with stakeholder feedback ([Turner et al. 2017](#)).
2. Three case studies (CS) of real world decision-making on innovations in NHS acute and primary care, covering:
  - **CASE STUDY 1**  
acute stroke service reconfiguration in a metropolitan area of England and Scotland (CS1);
  - **CASE STUDY 2**  
diffusion of ‘virtual’ or ‘remote review’ clinics for stable glaucoma outpatients within a Trust’s network of clinics within southern England (CS2);
  - **CASE STUDY 3**  
responses to NICE national guidance on referral from primary care for cancer signs and symptoms in two geographical areas of England covered by Clinical Commissioning Groups (CCGs) (CS3).

3. A national survey and discrete choice experiment (DCE) of decision-makers’ preferences for evidence, including providers and commissioners.
4. Development of guidance for decision-makers and evaluators in health care to support the use of evidence in decision-making.

To develop this guidance, we identified six themes that were prominent findings in workstreams 1-3. We then translated these themes into six key questions that decision-makers may want to consider during the decision-making process. Examples from the three case studies are included to illustrate the themes. We mapped the themes onto a visual depiction of the ‘long and winding road’ of decision-making to represent the often iterative, distributed, messy, and lengthy nature of this process.

In order to support decision-making at each stage, we provide a summary of our findings, questions for decision-makers to consider, and potential ways of addressing the questions using examples from the case studies. We also sign-post users of this guidance to further resources where appropriate. The guidance was developed in consultation with clinicians, health managers, commissioners, patient representatives, and researchers. Consultation involved a face-to-face workshop (May 2018) and semi-structured interviews.

## Broad themes in this guidance

The six themes identified, and associated questions for decision-making, are as follows:

- **DEFINITION**  
Can the innovation and its potential impact be clearly described?
- **EVIDENCE**  
What evidence is available in relation to the innovation?
- **STAKEHOLDERS**  
Who will be involved in decisions and how?
- **DRIVERS**  
What are the key external and internal drivers for introducing innovation?
- **ORGANISATION**  
What organisational factors should be considered during decision-making?
- **IMPLEMENTATION**  
Can likely barriers and enablers to implementation be anticipated early in decision-making?

*In the remainder of this guidance, we invite readers to explore these themes and questions. The guidance is presented as an interactive PDF, meaning that readers can either work through each stage of the guidance or dip into specific themes that are of interest along the long and winding road of decision-making. A checklist of questions to consider in your decision-making is provided at the end of this guide.*

## QUESTIONS TO REFLECT ON WHEN CONSIDERING INTRODUCING AN INNOVATION IN HEALTHCARE

VIEW RELATIONSHIPS WITHIN THE  
DECISION MAKING PROCESS

### INNOVATION

DEFINITION >

EVIDENCE >

STAKEHOLDERS >

DRIVERS >

ORGANISATION >

IMPLEMENTATION >

DECISION ABOUT  
INTRODUCING OR  
SPREADING

# DEFINITION

## Can the innovation and its potential impact be clearly described?

To make any decision about whether to introduce an innovation there needs to be clarity about what the potential change will involve and the impact on patients, staff roles, and service delivery. This will help people to understand how the innovation can be differentiated from existing practice and competing practices. We suggest identifying the information needed to summarise the innovation and the areas of impact:

### 1 SUMMARY:

#### Can you describe the key features of the proposed innovation?

- Consider whether sufficient information is available to produce a summary of the intervention.
- Your summary could include its aim, main features (e.g. components of the intervention), proposed changes to processes and outcomes, and possible unintended outcomes.
- Identify intended outcomes of the innovation if it is implemented (e.g. improvements in patient safety, decrease in length of stay, enabling self-management by patients).
- Consider developing a plan for mitigating any unintended consequences.

### 2 IMPACT:

#### Can the possible impact(s) of the innovation be described?

- Consider whether the innovation has been piloted or implemented elsewhere, as there may be documentation from other sites (e.g. business case, audit data, evaluation reports) that are useful for describing the innovation and its impact.
- Identifying areas impacted could include gathering information on the patient groups affected, changes to clinical processes and outcomes, working practices of staff, and organisational sites affected (e.g. internal departments and 'handovers' between departments or organisations).
- Developing a logic model may help with defining your innovation and how it will achieve its intended impact. Guides to creating logic models are available from [Midlands and Lancashire CSU](#) and [NHS Health Scotland](#).

# EVIDENCE

## What evidence is available in relation to the innovation?

A diversity of evidence may be used to inform decision-making including research evidence, infographics, patient stories, cost data, and reuse of existing data. Recipients' views will be influenced by the strength of evidence (likely impact of an innovation), its perceived quality (credibility of the source), and how it is presented and shared. Stakeholders may differ in their preferences for evidence, including types and sources. There may be tension in how different groups present and interpret evidence.

Our research suggested the following questions were important in gathering evidence to inform decision-making.

### 1 TYPES:

#### What types of evidence are needed in relation to the innovation you're considering?

- Types of evidence could include published research, cost related data, local audit data, clinical evidence, pilot data, and patient experience. You may find the evidence required is already published or needs to be collected locally.
- Review if your organisation has a process for ensuring that finance and budgetary issues are assessed alongside clinical evidence and patient experience.
- Consider undertaking a pilot of the change involved, as local testing/ trialling can provide evidence of feasibility before a final decision is taken and highlight ways in which the innovation needs to be adapted to the local context.

### 2 REVIEW:

#### How is this evidence going to be collected and evaluated?

- Find out if evidence has already been reviewed (e.g. published review) or if a new review of the evidence is required. The NHS library and knowledge service may be a useful starting point ([Click Here](#)).
- Consider how you are going to assess the quality of evidence you include. One example is the Critical Appraisal Skills Programme (CASP) checklist ([Click Here](#)). Other resources on evidence assessment and quality appraisal can be found in the Cochrane library ([Click Here](#)) and the Centre for Reviews and Dissemination ([Click Here](#)).

## EVIDENCE (CONTINUED)

### 3 SHARE:

How is the evidence going to be shared with those involved in decision-making?

- Consider how the evidence reviewed is going to be summarised/ presented to the various stakeholders to ensure that there are appropriate opportunities to feedback their views on the innovation and associated evidence.
- There may need to be several types of summaries of the evidence produced, e.g. 'lay' and 'scientific' summaries.
- The Health Foundation has published a guide to communicating health research findings. ([Click Here](#))

### 4 DIVERSITY:

Are any forms of evidence over or under represented?

- Those wishing to influence the adoption or spread of an innovation may select evidence to support their view. Consequently, it can be challenging to reach a shared view among different stakeholders of the evidence.
- Consider if there are mechanisms in place to mitigate the potential influence of politics on decision-making in relation to the evidence assembled. See scoping review for more information on politics of evidence use in decision-making ([Turner et al. 2017](#)).
- Consider how to ensure the evidence reflects both dominant and more peripheral voices in decision-making (e.g. evidence on the clinical case for change as well as patients' views).
- Ensure that evidence reflects different perspectives in relation to an innovation, e.g. for multi-sectoral innovations that the evidence relates to the impact on different sectors, organisations, and implications for patients in each setting.

# STAKEHOLDERS

## Who will be involved in decisions and how?

Patients, user groups, service managers, commissioners, and health professionals may all be involved in your decision-making process. Their involvement could take different forms: some may have a formal role in decision-making if they have responsibility for a budget; others may be impacted by the decisions, professionally or personally, but could still exert a powerful influence on decisions. Individuals may be advocates or opponents for change; others may not have strong views, but still act as powerful enablers or barriers to change. Different stakeholders may also be variably receptive to different forms of evidence.

In planning adoption of an innovation, our research suggested the following stages were important in adopting innovations.

### 1 IDENTIFY:

#### Who might have a stake in the decision-making process?

- Start with individuals who have budget and clinical responsibility for making decisions about the innovation.
- Consider who may be affected by the proposed innovation (and those who may be impacted if the decision is made not to introduce the innovation).
- Think beyond your organisation, to regional groups and external systems or networks.
- Ask clinical or other experts to identify others who you were not aware of.
- 'Map' your stakeholders – organise your list into groups - by organisation, clinical area, or potential support/opposition or interest in the innovation. The Health Foundation has published a guide to engaging stakeholders ([Click Here](#))

- Stakeholders can also be identified through desktop research of local NHS sites, attending events/ networking opportunities, and engaging with your local AHSN for advice. Review your list as things change in the project or your wider health system.

### 2 INVOLVE:

#### How can you best involve them?

- Review existing systems or processes for communicating with stakeholders.
- Use different methods for different individuals or groups.
- Develop a plan (and timetable) for communication and involvement.
- Identify what resources (time, materials) will be needed.
- Seek feedback from stakeholders and consider how this will feed into the decision-making process.

# STAKEHOLDERS (CONTINUED)

## 3 REACH DECISIONS:

How can you promote consensus for the most important decisions?

- Consider opportunities for multiple professional groups to discuss the innovation together.
- It may not be possible to reach agreement on everything. Identify where you need consensus to move forward and prioritise shared decision-making in these instances.
- Sharing summaries of evidence, rather than individual studies, may help to facilitate discussion among multiple, often time poor stakeholders. One possible source of summaries of research evidence is the [NIHR Dissemination Centre](#).



# DRIVERS

## What are the key external and internal drivers for introducing innovation?

Internal and external drivers that may influence the need for innovation should be acknowledged (e.g. influence of local professional interests or the national context of austerity). Such drivers can encourage evidence to be viewed differently. For example, our scoping review suggested information that showed innovations would be cost neutral or reduce costs would be prioritised. The plans or priorities of managers, medical staff or other professional groups may also influence the way in which evidence is selected or interpreted; groups may use evidence to encourage the adoption of innovations or create resistance. Mapping out the internal and external drivers could make it easier to subsequently collect relevant evidence that will help to satisfy each driver when the innovation is being evaluated.

### 1 EXTERNAL DRIVERS:

**What external priorities beyond your own organisation are driving the need for innovation (or could act against introducing change)?**

- Consider if there are current national policies that may either be driving the need for a potential change or influencing the organisation not to want to change.
- Review appropriate national organisations (e.g. NICE, NHS England, NHS Improvement) and professional associations (e.g. Royal Colleges) to ascertain if there is recent relevant guidance or other directives available.
- Consider whether there are current patient group or related charity organisations that are driving the changes and, if not, how they might become involved. For example, [Healthwatch](#) represents the views of local health and social care service users.

- Ascertain how existing services, and proposed changes, are commissioned and paid for. Financial incentives in relation to NHS activity can be an important barrier or enabler to uptake of innovations.

### 2 INTERNAL DRIVERS:

**What drivers within your own organisation are supporting the need for innovation (or could act against introducing change)?**

- Consider if there are current local policies, or priorities of influential stakeholders, that may either be driving the need for a potential change or influencing the organisation not to want to change.
- Review how the time, resources and other service pressures may influence the decision-making process. Can a plan be developed to manage these pressures? Consider the time and resources that are likely to be needed for engaging front-line staff affected by change and/or gathering and reviewing evidence.

# ORGANISATION

## What organisational factors should be considered during decision-making?

Internal organisational factors include the culture of evidence use and approach to decision-making. External factors include wider system pressures (e.g. restructuring, policy targets, budgetary constraints) and the role of pan-regional organisations (e.g. AHSNs) in legitimising the introduction of innovations or, alternatively, encouraging service disinvestment.

Our research suggested that the following organisational factors were important in decision-making.

### 1 CULTURE:

How does the culture of your organisation influence the use of evidence in decision-making?

- Consider how your organisation ensures it is informed about current developments in your field (e.g. through participation in professional and other external networks). Being connected could provide the reassurance to take 'risks' (e.g. to pursue more radical or experimental innovations).
- Try reflecting on previous examples of decision-making in your organisation and consider the ways in which evidence was encouraged (e.g. is there a 'data-driven' culture?).
- Think about the prevailing types of evidence used in decision-making (e.g. whether there is an emphasis on research evidence or local forms of data) and how this has fed into changes.

### 2 APPROACH:

What decision-making approach is appropriate for considering evidence and making adoption decisions?

- Consider whether your organisation has the authority to take decisions and who this tends to lie with.
- Our research suggested that clinical leadership often plays a key role in decision-making and implementation (however, it is important that other stakeholders' views are not neglected).

# ORGANISATION (CONTINUED)

## 3 EXTERNAL RELATIONSHIPS:

How are relationships with other organisations at the local system level being used to support evidence use in decision-making?

- Review the extent to which relationships with local research and professional organisations (e.g. AHSNs) are being used to support evidence use in decision-making.
- Consider if relationships could be leveraged more to either support staff training in evaluation, to facilitate access to evidence, or to support the implementation and evaluation of innovations.

# IMPLEMENTATION

## Can likely barriers and enablers to implementation be anticipated early in decision-making?

Our research suggested that considering implementation issues early in decision-making influenced perceived success. It is also important to consider the resources available for implementing change. The case studies showed that processes of implementing change were often given less consideration in decisions to adopt innovations. However, organisational and managerial resources are required to act upon evidence for change and implement innovations. To help anticipate likely implementation issues, our research suggested that addressing the following questions were important.

### 1 ANTICIPATE:

Can evidence be identified to anticipate likely barriers and enablers to implementing the innovation?

- Try reviewing similar innovations that have been implemented in your own organisation from which learning can be drawn (e.g. from a different service area). Review with those involved (especially managers overseeing change) to identify barriers/enablers to implementation that were encountered.
- Use professional or local system networks to find out if the innovation has already been adopted outside your organisation (contacting those involved could help to identify local evaluation reports or to obtain their accounts of implementation issues).
- Identify local clinical leadership to persuade their peers to carry decisions through to implementation.

### 2 RESOURCES:

What information do you need to understand the resources required to support implementation?

- Ensure managers concerned with overseeing change are involved in decision-making in order to understand what resources are required to implement innovations.
- Organisational barriers such as time, resources and other service pressures could make organisations less receptive to change and these should be reviewed as part of the decision-making process.
- Where there are competing priorities for resources, which is likely in the current NHS funding environment, assessing the impact on resource use may be an important aspect in evaluating the case for change (or maintaining the status quo).
- Consult with facilities, IT and other relevant support departments to determine what resources are needed to support the change (e.g. changes to information systems and clinical spaces).
- Consider educational and training needs that are required to support the translation of the innovation into practice (e.g. staff learning due to changes to roles).

# GLOSSARY

## AHSN:

Academic Health Science Networks.

For further information: [Click Here](#)

## Context:

The context or environment in which change is being undertaken influences both the adoption and spread of innovations, as well the use of evidence in decision-making. In this study, relevant contextual processes were divided into activities at the professional group, organisational, and local system level.

## Decision-making:

We adopted a 'processual' approach to the study of decision-making, understanding it as an ongoing, often non-linear process that unfolds over time.

## Evidence:

We adopted an inclusive and broad working definition of evidence that included diverse forms of information, including academic research findings, patient experience, professional opinion, clinical guidance and local data

This project is part of the Health Foundation's Evidence-Informed Decision Making in Health Service Innovation and Improvement Programme. The Health Foundation is an independent charity committed to bringing about better health and healthcare for people in the UK.

## Implementation:

Refers to the translation of research knowledge and other forms of change (e.g. technological innovations) into health care practice.

A number of frameworks that aim to support implementation exist, e.g. normalization process theory ([Click here](#)) and the behaviour change wheel ([Click Here](#)).

## Innovation:

The development and implementation of new ideas, products, processes or organisational forms, encompassing service or quality improvement.

## NICE:

National Institute for Health and Care Excellence.

## Stakeholder:

A person or entity that has an interest in an organisation or issue. You could divide those with an interest into 'deciders' and 'influencers' according to their role in the decision being considered.

# CHECKLIST

## Questions to consider in decision-making about introducing or spreading innovations

This checklist provides a summary of the questions to consider in decision-making presented in the DECIDE guidance. The checklist could be used to help plan how evidence will be used in decision-making processes for introducing or spreading innovations. This could be used to inform how audit and assurance processes for introducing service innovations are met, for example, [NHS England commissioning guidance on Planning, assuring and delivering service change for patients](#).

Have you considered the following questions in your decision-making?

	Yes (How?)	No (Actions needed?)	N/A
<b>DEFINITION:</b> Can the innovation and its potential impact be clearly described?			
<b>Summary:</b> Can you describe key features of the proposed innovation?			
<b>Impact:</b> Can the possible impact(s) of the innovation be described?			
<b>EVIDENCE:</b> What evidence is available in relation to the innovation?			
<b>Types:</b> What types of evidence are needed?			
<b>Review:</b> How is this evidence going to be collected and evaluated?			
<b>Share:</b> How is the evidence going to be shared with those involved in decision-making?			
<b>Diversity:</b> Are any forms of evidence over or under represented?			

# CHECKLIST

Have you considered the following questions in your decision-making?

	Yes (How?)	No (Actions needed?)	N/A
<b>STAKEHOLDERS:</b> Who will be involved in decisions and how?			
<b>Identify:</b> Who might have a stake in the decision-making process?			
<b>Involve:</b> How can you best involve them?			
<b>Reach decisions:</b> How can you promote consensus for the most important decisions?			
<b>DRIVERS:</b> What are the key external and internal drivers for introducing innovation?			
<b>External drivers:</b> What external priorities beyond your own organisation are driving the need for innovation (or act against introducing change)?			
<b>Internal drivers:</b> What drivers within your own organisation are supporting the need for innovation (or could act against introducing change)?			

# CHECKLIST

Have you considered the following questions in your decision-making?

	Yes (How?)	No (Actions needed?)	N/A
<b>ORGANISATION:</b> What organisational factors should be considered during decision-making?			
<b>Culture:</b> How does the culture of your organisation influence the use of evidence?			
<b>Approach:</b> What decision-making approach is appropriate for considering evidence and making adoption decisions?			
<b>External relationships:</b> How are relationships with other organisations at the local system level being used to support evidence use in decision-making?			
<b>IMPLEMENTATION:</b> Can likely barriers and enablers to implementation be anticipated early in decision-making?			
<b>Anticipate:</b> Can evidence be identified to anticipate likely barriers and enablers to implementing the innovation?			
<b>Resources:</b> What information do you need to understand the resources required to support implementation?			