



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

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 decisions 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.

CASE STUDY 1:

Reconfiguring acute stroke services

A variety of evidence was used during the decision-making process in both metropolitan areas we studied. This included research evidence, national guidance, local data (e.g. audit data on processes and outcomes of care), and modelling of financial impact. As well as this formal evidence base, we found that social processes influenced the use of evidence. In NW England, the need for change was actively constructed by local leads for stroke services, with accounts of patient experience being singled out as important in making such arguments.

EVIDENCE

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](#)).

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](#))

CASE STUDY 1:

Reconfiguring acute stroke services

Those leading decision-making at one of the metropolitan areas we studied spoke directly to producers of evidence (e.g. with a research team that had evaluated the implementation, outcomes and cost of stroke reconfiguration) to help to make sense of the available research evidence and discuss it in relation to their local situation.

CASE STUDY 1:

Reconfiguring acute stroke services

In one of the sites, we found that research evidence was used creatively to exploit windows of opportunity for improvement. A stroke consultant had summarised academic research on the impact of service centralisation – including the quantitative 'headline' finding that further centralisation of services could contribute to the saving of '50 excess lives' – in order to influence local commissioners: *"we had simplified one-page summaries of the evidence and all kinds of things that went out to people. And the 50 excess lives did become fairly common currency."* (Consultant, Stroke).

EVIDENCE (CONTINUED)

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.

CASE STUDY 1:

Reconfiguring acute stroke services

Across the three case studies, senior clinicians (e.g. clinical academics, hospital consultants, and established GPs) tended to dominate decision-making at the organisational and local system level on introducing innovations. Evidence empowered clinicians to take a leading role in decision-making. This dominant role in decision making was reinforced by their preferences for evidence, as the types of evidence they prioritised (e.g. academic studies published in clinical journals) had a significant influence on decision-making. This preference impinged on the ability of other professional groups to engage meaningfully in decision-making using other forms of evidence:

"they [clinical academics] live in a world of studies and you can sometimes see that to them anything that isn't – the value of it is completely negated straight away because it hasn't been published." (Manager, Stroke).

Although senior clinicians were felt to be key stakeholders in decisions about innovation, members of other professional groups used alternative evidence as a way of influencing their views (e.g. in the eyes case study, managers presented local audit data systematically with the aim of appealing to consultants).

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.

CASE STUDY 3:

Implementing NICE cancer referral guidance aimed at GPs

In both case study sites, a group was set up to agree referral forms. In one site, the group got wider and wider as the actors recognised that the guidance affected a broader range of healthcare professionals across primary and secondary care than initially anticipated. It also changed as health system alignments changed, for example, after Sustainability and Transformation Partnerships were formed, the group changed in composition.

STAKEHOLDERS (CONTINUED)

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.

CASE STUDY 3:

Implementing NICE cancer referral guidance aimed at GPs

Areas used a range of methods to share information. NHS organisations disseminated news to GPs through newsletters but some were not widely read. They also ran events – both conventional presentations and less conventional ‘speed dating’ events between primary and secondary care where two different groups could raise and discuss issues of uncertainty together. As one GP commented, “*the importance of...educational events – it’s a bit about networking, [and] hearing it from somebody else’s perspective*”

In both areas, agencies (charities, educational companies) with expertise in communication about cancer also shared information, provided education and discussed the guidance with GPs.

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](#).

CASE STUDY 3:

Implementing NICE cancer referral guidance aimed at GPs

It took both sites nearly two years to agree referral forms for all of the cancer pathways. Reaching decisions required considering a range of perspectives, including the evidence to address providers' concerns about the risk of demand outstripping supply and, commissioners' concerns about the cost of increased referral volumes. Involvement of one influential GP committee from the beginning meant they were more likely to be on board with the changes.

It was not possible to reach full consensus about all issues: *"There were some clinicians who said they didn't agree with the guidelines, but we just have to say: but they're the guidelines (Service Manager, Secondary Care)."* In one case study area, the group decided not to adopt one key recommendation; in the other area, the decisions about this recommendation were postponed.

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.

CASE STUDY 2:

New model of care for treating glaucoma outpatients

Key external drivers were annual increases in referrals to hospital for suspected glaucoma due to population ageing and the introduction of national guidance lowering the clinical threshold for referral. Increasing demand has placed pressure on hospital eye services nationally. In response to these drivers, the Trust we studied introduced an organisation-wide improvement programme to improve outpatients' experiences of care, which included reducing patient journey times through glaucoma clinics.

DRIVERS (CONTINUED)

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.

CASE STUDY 2:

New model of care for treating glaucoma outpatients

Senior management had prioritised improvement in outpatient services and requested regular updates on progress with the programme. This lent authority to those leading change locally who cited the endorsement of the Trust's board when trying to rally others to support adoption.

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.

CASE STUDY 2:

New model of care for treating glaucoma outpatients

Professional networking within and beyond the Trust (e.g. by attending speciality-specific conferences) was seen as an important mechanism through which professional opinions on new ways of working were shared: *"Ophthalmology is quite a close knit community, and certainly for glaucoma if I needed to know...or if I've got a patient who's moving to a particular town I'll usually know the relevant consultant that they'll be going to. So we do tend to talk amongst ourselves and say: hey, I'm doing this thing, it works really well"* (Consultant Ophthalmologist).

ORGANISATION (CONTINUED)

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).

CASE STUDY 2:

Reconfiguring acute stroke services

The case studies pointed to the importance of having a clear decision-making authority for incorporating evidence in decision-making and agreeing on ways forward. In one of the metropolitan areas we studied, the presence of a recognised decision-making authority (a stroke service implementation board) meant that there was a home for sharing and considering established and emerging evidence and seeking agreement among local stakeholders for reconfiguring stroke services. In relation to the other area we studied, there was uncertainty over who possessed such authority to make decisions to centralise stroke services, with a tension identified between decision-makers within individual providers and pan-regional decision-making bodies: *"I have no idea at the moment who makes the decision for this. So we have our own group, hobby, sovereign, our group doesn't have a formal reporting structure, but I would say there are probably two senior committees and then above that and the board. So the decision could be made in one of four places at the moment. So that needs to be transparent."* (General Manager, Stroke).

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.

CASE STUDY 2:

New model of care for treating glaucoma outpatients

Those leading the diffusion of the 'virtual' model for outpatient clinics sought the endorsement of specialty-specific professional associations. This was achieved by translating standards developed locally into national guidance for running 'virtual' clinics that became enshrined in the Royal College's guidance: *"We hope that [local optometrist's] guidelines, when they're finished, they're going to be handed to the Royal College, they'll review them and decide whether they're going to mandate them as standard practice and put the Royal College seal onto it, which is obviously what we hope."* (Consultant Ophthalmologist).

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.

CASE STUDY 2:

New model of care for treating glaucoma outpatients

Processes of implementing change slowed down the introduction of the new model of care when it was piloted initially (its implementation was delayed by approximately 18 months). Decisions on adopting innovations tended to be dominated by powerful stakeholders (e.g. senior clinicians) who appeared to be less concerned with the practical aspects of implementing innovations. However, as the 'virtual' clinic was rolled out to other sites, implementation issues were given greater consideration. Observation of planning meetings highlighted consideration of: the degree to which pathways could be standardised while giving autonomy to local sites to tailor innovations; the need to provide incentives to engage front-line staff and provide training; and recognition that both time and clinical space were precious resources that required attention in order to avoid delays.

IMPLEMENTATION (CONTINUED)

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).

CASE STUDY 1:

Reconfiguring acute stroke services

Implementation issues were given a great deal of consideration in relation to stroke reconfiguration – to the point where it was felt to slow down decisions to adopt change. Organisational resources were needed to act upon evidence meaning that the involvement of other stakeholders (particularly managers overseeing change) was needed to understand what resources were required to implement innovations. However, as suggested to us by this stroke manager, resources to implement change were thought to be lacking in relation to stroke service reconfiguration:

"I'm not confident that we're going to deliver the kind of change that the papers reflect at all because, as I've said, it takes a big decision and it takes resources and it takes prioritisation and the organisation is not good at that."

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
DEFINITION: Can the innovation and its potential impact be clearly described?			
Summary: Can you describe key features of the proposed innovation?			
Impact: Can the possible impact(s) of the innovation be described?			
EVIDENCE: What evidence is available in relation to the innovation?			
Types: What types of evidence are needed?			
Review: How is this evidence going to be collected and evaluated?			
Share: How is the evidence going to be shared with those involved in decision-making?			
Diversity: 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
STAKEHOLDERS: Who will be involved in decisions and how?			
Identify: Who might have a stake in the decision-making process?			
Involve: How can you best involve them?			
Reach decisions: How can you promote consensus for the most important decisions?			
DRIVERS: What are the key external and internal drivers for introducing innovation?			
External drivers: What external priorities beyond your own organisation are driving the need for innovation (or act against introducing change)?			
Internal drivers: 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
ORGANISATION: What organisational factors should be considered during decision-making?			
Culture: How does the culture of your organisation influence the use of evidence?			
Approach: What decision-making approach is appropriate for considering evidence and making adoption decisions?			
External relationships: How are relationships with other organisations at the local system level being used to support evidence use in decision-making?			
IMPLEMENTATION: Can likely barriers and enablers to implementation be anticipated early in decision-making?			
Anticipate: Can evidence be identified to anticipate likely barriers and enablers to implementing the innovation?			
Resources: What information do you need to understand the resources required to support implementation?			