ENSURING RESEARCH EVIDENCE IS USABLE AND DISSEMINATED EFFECTIVELY

Research evidence must be disseminated accurately and appropriately to evidence users to ensure maximum return is gained from research investment. Not communicating research findings in ways that are timely, meaningful or relevant to evidence users limit pathways to implementation, resulting in clinical and health related practice not being informed by current research evidence.

The uptake of evidence into health care practice is affected by several factors:

1) the large volume of research publications making it difficult to identify relevant information;
2) the potential bias in research design and the way findings are communicated;
3) publication of findings in inaccessible ways to evidence users, making it difficult to find or understand research;
4) the complexity of pathways to implementation.
IDENTIFYING RELEVANT AND HIGH QUALITY PUBLICATIONS

A team of analysts at the NIHR DC review articles every week from 100 journals, selected as the most relevant and respected in healthcare. Non-NIHR articles are selected on the basis of method (systematic review or similar, and economic evaluations comparing two or more interventions) and quality (e.g. having a clearly stated research question, reviews stating inclusion / exclusion criteria and databases searched, economic evaluations providing a detailed cost analysis and being of explicit UK relevance). All identified journal articles published from NIHR-funded projects are assessed, including publications in the NIHR Journals Library.

Articles are screened, retaining only those that are relevant to health or social care practice and have clear, applicable findings. Non-NIHR articles are sent to independent raters for assessment. The NIHR DC has over 1,000 raters, including clinicians, health managers, patients and the public, other health professionals and social care workers. Raters are ‘matched’ to screened articles on the basis of declared rater interests. Three to five raters are typically identified for each article, each scoring the publication from 1 – 6 on the basis of whether the article is worth sharing with colleagues, usefulness for practitioners or patients, or likely influence on practice. Raters can leave additional comments indicating whether they think the article is suitable for wider dissemination. NIHR Journals Library articles and other publications from NIHR funded research are not rated as they have already gone through an extensive external review process, therefore meeting NIHR DC’s inclusion criteria of quality and relevance to practice. Highly rated articles are assessed by clinical and practice experts, selecting articles that are of highest quality and most likely to influence practice in the UK, drawing on rater input to inform their decisions. Through these processes, the NIHR DC focuses the large volume of evidence on those publications that are of quality and relevance to health and social care users.

The NIHR Dissemination Centre (NIHR DC) was established in April 2015 to address these challenges, ensuring evidence is communicated in ways that are timely, accurate and meaningful for a range of evidence users.

The NIHR DC is a partnership between the Wessex Institute (at the University of Southampton), Bazian (part of the Economist Group), and healthcare analysis experts. The NIHR DC produces three products targeted at health care commissioners, practitioners working in health and social care, patients, carers and other members of the public, including:

- Signals (short summaries of single, recent research studies)
- Highlights (collections of two or more NIHR studies on a particular topic, with blogs, interviews and other content from people working in the field)
- Themed Reviews (detailed evidence reviews (mostly NIHR) in a particular topic area).
COMMUNICATING EVIDENCE IN ACCESSIBLE AND MEANINGFUL WAYS: THE NIHR DC SIGNAL

NIHR DC signals are one example of how research evidence can be communicated in accessible and meaningful ways. In the period April 2015 – March 2016, over 130 Signals were produced on a range of topics, including cardiovascular disease and the implementation of school-based health promotion programmes. Articles selected for NIHR DC Signals are sent to Bazian, who carry out assessments of research quality before writing the summary. Signals distil key messages, adding useful background, including details of relevant NICE guidelines, links to other important research, and a commentary from an expert or practitioner in the field. Draft Signals are checked by clinical experts and proof-read. The senior editorial team then finalise the Signals before uploading them onto a web based portal (discover.dc.nihr.ac.uk). Published Signals are promoted via a mailing list and Twitter. The mailing list of recipients for Signals represents a broad cross section of users, including clinicians, commissioners, patients and the public. Over 4,000 Twitter users now follow @NIHR_DC since it was set up in October 2015. A recent survey of mailing list subscribers found that over 75% thought Signals were useful and half had used Signals in their work or shared with a colleague.

Furthermore, a free to use programme was found to be equally as effective as a paid-for product. This has implications for clinical practice, supporting NICE’s 2009 guidance that any computerised CBT is delivered with additional support. To date, this Signal has been widely accessed, receiving more than 500 page views.

SUPPORTING THE UPTAKE OF EVIDENCE INTO PRACTICE: COLLABORATING WITH END USERS

The NIHR DC collaborates with evidence users to help ensure research evidence is presented in ways that maximise uptake in health and social care practice. For example, the REEACT trial formed part of a ‘Highlight’, which summarised the results of several studies on CBT, alongside blogs and audio interviews with practitioners and patients. A range of experts including people working in mental health and patients were actively involved in the production of the Highlight, generating content and commenting on drafts. The NIHR DC worked with Mental Elf, (an online community of people interested or working in mental health), who collaborated on joint blogs and a webinar, and disseminated information to 37,000 followers.

A typical example of the NIHR DC Signal looked at the issue of online cognitive behavioural therapy (CBT), and was published in February 2016. The Signal was based on the REEACT trial in which online CBT was compared with usual GP care in 691 patients with mild to moderate depression recruited though 100 GP practices. Researchers also assessed whether any difference in effectiveness occurred between a paid-for and free service. The study found that computerised CBT in addition to usual GP care was no more effective than usual GP care alone at four months or at 24 months. Online CBT was not a popular treatment for patients with mild to moderate depression who typically only used the programme once or twice.
Themed Reviews are similarly generated through a collaboration of evidence producers and users. One example is the ‘Better Endings’ review of end of life care services, which provided an overview of a range of end of life care issues, including care of general staff, specialist palliative care and choosing where to die. The review brought together leading academics, health care providers, patients and the public to consider the state of the science and implications for practice. The Themed Review has been widely accessed by a range of evidence users, receiving over 400 tweets in the ten days following its launch in December 2015 alone. The Better Endings Themed Review continues to inform practice and has been featured in Nursing Times and has been the subject of a tweetchat organized by @WeEOLC (an online community of people working in end of life care).