

**Asking experts what works in the 'real world': development of the dual theoretical synergy method to co-produce an HIV prevention intervention for men who have sex with men**

**McDaid L, Glasgow University (lisa.mcdaid@glasgow.ac.uk), Elliott L, Sullivan A, Clutterbuck D, Rayment M, Lorimer K, Ahmed B, Hesselgreave H, MacDonald J, Cayless S, Hutchinson S, Wu O, Flowers P**

Systematic reviews and meta-analyses synthesise the best evidence for the *content* of behaviour change interventions, but to create useable evidence, it is also necessary to identify the best *ways of implementing* these interventions. Doing so could improve the likelihood that they will be adopted in the 'real world'. We hosted two one-day events with 24 sexual health experts, at which we asked them to evaluate a synthesised candidate intervention derived from a systematic review and meta-analysis. The intervention's aim was to reduce risky sexual behaviour among men who have sex with men, after receiving a negative HIV test result. We developed the dual theoretical synergy method to identify the major systemic and psychosocial barriers and facilitators to implementing the optimal intervention in key settings. The events used facilitated group exercises to examine: i) systemic barriers/facilitators using the 16 domains of Normalisation Process Theory; ii) psychosocial barriers/facilitators using the 14 domains of the Theoretical Domains Theory; and three context-specific domains on commissioning and mode of delivery. Afterwards, we mapped similarities and differences in responses by domain to create a matrix of key barriers and facilitators to implementation of the candidate intervention. The analysis highlighted that gaining institutional support and clearly defining and refining the intervention content and delivery model would be necessary for optimisation. In turn, extensive training would be required to ensure intervention fidelity. We also demonstrated the intervention's fit with existing service provision in the UK, including that provided by the NHS, private providers and voluntary organisations. The benefit of the method is in the assessment of how the individual, psychosocial issues are embedded in the systemic and contextual. This synergistic consideration of what might facilitate or impede the intervention highlights central elements of it and point to key refinements that need to be operationalised prior to feasibility testing.

## **Developing an evidence service for knowledge exchange**

**Seditas K, Centre for Research on Families and Relationships, University of Edinburgh**

**(k.seditas@ed.ac.uk)**

Barriers to using research in developing social policies and services are well documented. However, with increasing expectation for evidence-informed practice, using research is essential. In response, the Centre for Research on Families and Relationships developed a process for closing the evidence to action gap, supporting people to identify their knowledge gaps, consider how existing evidence could help address them, and plan how to use evidence in practice. In addition, an evidence review process was developed to synthesise and appraise varied literatures relevant to the policy and practice context, and communicate the evidence in meaningful and action-focussed ways. A facilitated process and ways of making evidence accessible and useful was essential in supporting evidence-users to understand what evidence can and cannot say and identify implications for their services.

The proposed poster will outline the evidence to action process developed, including the evidence review process. It will also share learning about what works well, and what is challenging, in supporting services to identify their knowledge gaps and use evidence to address those gaps. Finally, the poster will outline a case study of how a local authority used an Evidence Bank evidence review in practice.

**Supporting evidence informed decision making by CCGs: what difference does access to responsive evidence briefing service make?**

**Wilson P, Manchester Business School (paul.wilson@mbs.ac.uk), Farley K, Thompson C, Lambert M, Booth A, Bickerdike L, Watt I**

NHS funding constraints mean that only the most effective, best value health care interventions and service improvements should be made available. Clinical Commissioning Groups have many considerations in securing better health and health care for their populations. Amongst these is a statutory obligation to make use of research in decision-making. Despite substantial investment in the production of research evidence to inform decisions and choices, full uptake of this knowledge to increase efficiency, reduce practice variations and to ensure best use of finite resources within the NHS has yet to be realised.

We will present findings from a NIHR funded study ([www.nets.nihr.ac.uk/projects/hsdr/12500218](http://www.nets.nihr.ac.uk/projects/hsdr/12500218)) that has been assessing whether access to a responsive evidence briefing service improves uptake and use of research evidence by NHS commissioners in the North of England. The service identifies, appraises and contextualises existing research evidence to inform the real world issues raised by local decision makers.

We will reflect on impact and discuss how best to build the infrastructure CCGs need to acquire, assess, adapt and apply research evidence to their support decision-making, and to fulfil their statutory duties under the Health and Social Care Act.

**Health Evidence Network (HEN) evidence synthesis report: evidence-informed policy options**

**Takahashi R, WHO Regional Office for Europe (RTK@euro.who.int), Nguyen T**

Studies have shown that health policies informed by sound scientific evidence can significantly improve public health outcomes. The stakes of producing evidence-informed policies are high when available evidence is abundant yet often not applicable and useful. In response to the public health policy-makers' request, the WHO Regional Office for Europe, as a regional knowledge broker, established the Health Evidence Network (HEN) in 2003 which responds to policy actions and proposes policy options. The HEN supports public health policy-makers to use the best available evidence in their own decision-making and aims to ensure a link between health policies and improvements in public health. The HEN publishes an evidence synthesis report series which provides summaries of what is known about the policy issue, the gaps in the evidence, the areas of debate and the policy options. The HEN's evidence-informed approach is systematic and transparent and includes defining a policy question, searching for information, appraising the evidence; and formulating policy options. The HEN has an established process of evidence synthesis which binds both quantitative and qualitative research findings to include relevant context and explains the whys and how's, of a public health policy and its impact. The recent HEN's series on migration and health focusing on undocumented migrants, labour migrants and refugees and asylum seekers is an example of HEN's contribution in strengthening a public health response to demographically, economically, politically and socially critical challenges to health.

## **The Evidence-informed Policy Network (EVIPNet) in the WHO European Region**

**Kuchenmüller T, WHO Regional Office for Europe (tku@euro.who.int), Poldrugovac M, Mihalicza P, Tomson G**

### Background

Despite increasing efforts, systematic approaches to evidence-informed policy-making (EIP) are in many parts still weak in the World Health Organization (WHO) European Region. Scientific evidence often plays a minor role in policy-making, and decisions are impacted by a wide variety of factors at the individual, organizational and system levels.

### Methods

The Evidence-informed Policy Network (EVIPNet) is a WHO initiative, which was launched in the WHO European Region in 2012 to embed research in health systems development. With a vision of a Europe in which high-quality, context-sensitive evidence routinely informs health decision-making, the network supports governments to implement the WHO's new European policy framework – Health 2020 – in reducing inequalities and improving health for all by fostering a knowledge translation (KT) culture.

### Results

Serving both as a major capacity building pillar of the WHO European Health Information Initiative and as a key implementing arm of the WHO accelerated roadmap to enhance EIP in the WHO European Region, EVIPNet Europe institutionalizes KT efforts through the establishment of multidisciplinary national country teams (so-called Knowledge Translation Platforms, which can be a stand-alone organization or embedded within existing structures such as the Ministry of Health, a research institution/university or non-governmental organizations). These groups - composed of researchers, policy-makers and civil society representatives - are empowered to plan and implement context-sensitive national strategies to bridge the evidence-policy divide. Nearly 20 eastern European and central Asian countries have joined the network – each confronted with different challenges, opportunities and experiences in terms of creating political commitment for KT, providing opportunities for researchers and policy-makers to communicate and build mutual trust, and establish structural incentives for KT.

### Discussion

The rich experience of the EVIPNet Europe member countries provides important insights on context-specific barriers and driving forces related to systematically promoting EIP. Other countries, including Western European countries, can learn and benefit from these lessons learned.