

Campbell Collaboration Colloquium

Oslo 2009

Building Evidence across health and social care – a
story of a collaboration

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Summary

- Guidance is for the real world
- In order to produce guidance for the real world that is sound, helpful and relevant we need to
 - a) challenge and adapt methodologies for reviewing evidence
 - b) understand better the process of reasoning that informs the judgements that become recommendations

Common Ground

- Ambitious policy and practice agendas in social care and health services

Key Challenges

- Narrowing the gap in children's outcomes
- Reducing health inequalities
- Improving the quality of care
- More personalised, user centred services

Help people make better decisions

Common Ground – SCIE and NICE

- Both organisations established to improve the quality of social care and health
- Better use and dissemination of evidence and knowledge is fundamental to good practice
- Commitment to rigour, transparency, and stakeholder and service user involvement in guidance development

SCIE 7½ years old Launched in October 2001

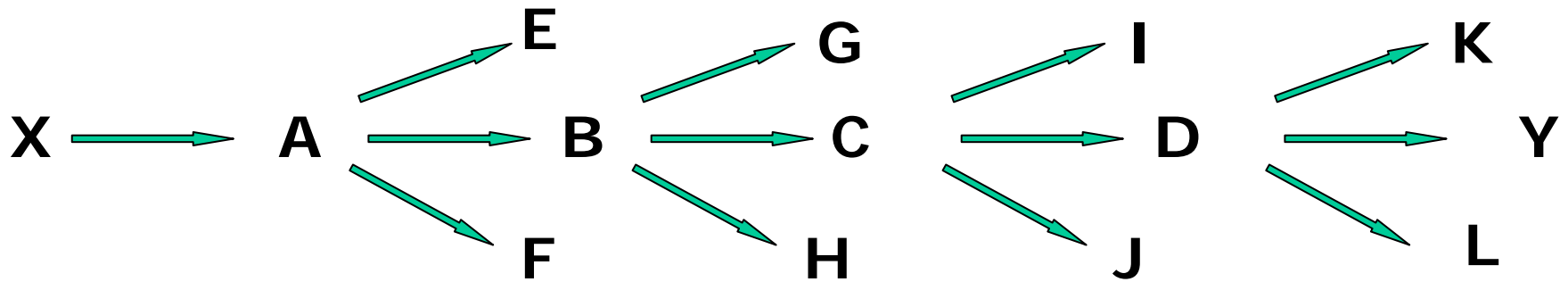
- Independent registered charity – funded by government
- Focus on practice
- Role to Review research and practice, and the views, experience and expertise of users and carers; it will use the results of this assessment to create guidelines for social care practitioners; and will disseminate these across the social care field
- “Social Care Institute for Excellence (SCIE) will be expected to promote, identify, and disseminate best practice and innovation, acting as a catalyst for system wide transformation.”

Common challenges – the practical problems of preparing guidance

- Different understandings of what it means to be scientific and rigorous.
- What counts as evidence is contested
- In public health two separate levels of causation are important – individual and social.
- Different levels of intervention –population, organisational, community, individual.
- Different levels of outcome.
- The Evidence
 - May not answer the question
 - Gaps in the evidence base
 - Uncertain findings
- The hierarchy of evidence as the dominant paradigm

The relationship between interventions and outcomes

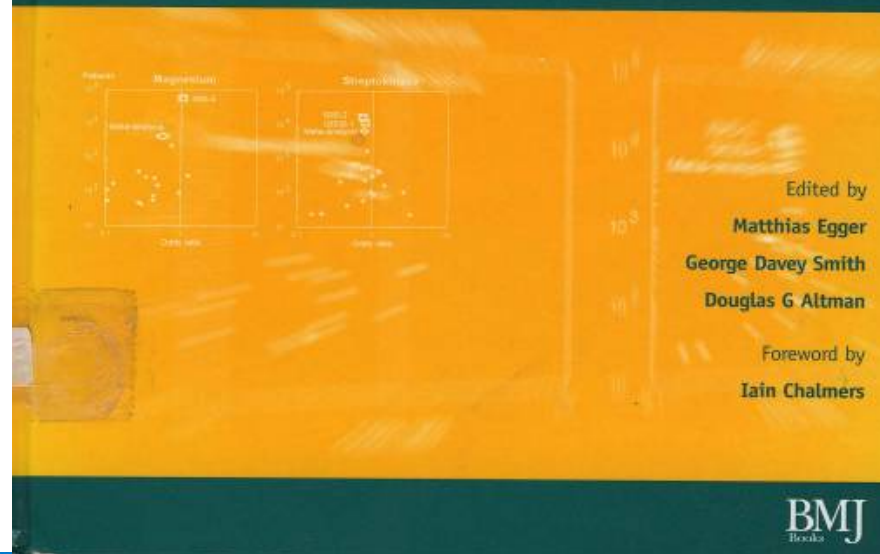
- Where X is, for example, advice about the dangers of being overweight and Y is weight loss.



Systematic Reviews

in Health Care

Meta-analysis in context



Edited by
Matthias Egger
George Davey Smith
Douglas G Altman

Foreword by
Iain Chalmers

BMJ
Books

NHS

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Practical problems of applying the standard approach.

- Very few RCTs to go to the top of the hierarchy.
- Need to deal with theoretical evidence, models and propositions.
- Lack of good evidence about implications for health inequalities.
- Different levels of intervention – individual , domestic, community, population

More than effectiveness...



- effectiveness is vital, but we also need evidence on....
- feasibility in everyday practice
- acceptability to people who use services
- accessibility
- affordability

Common challenges-guidance development

- Guidance recommendations are judgements
- Judgement is “Making the decisions that do not make incentives”
- Process for reaching those judgements needs to be clear, robust, and transparent

Common Challenges

- Not reaching all the evidence we need to
- Need to become more methodologically diverse
- An “intellectually respectable” process for guidance development

SCIE approach to knowledge reviews



- an inclusive approach to types of knowledge
- systematic review guidelines
- systematic mapping guidelines
- practice relevance
 - knowledge for everyday practice
- user involvement in knowledge production
 - including in systematic reviews
- economic analysis

What counts as knowledge?

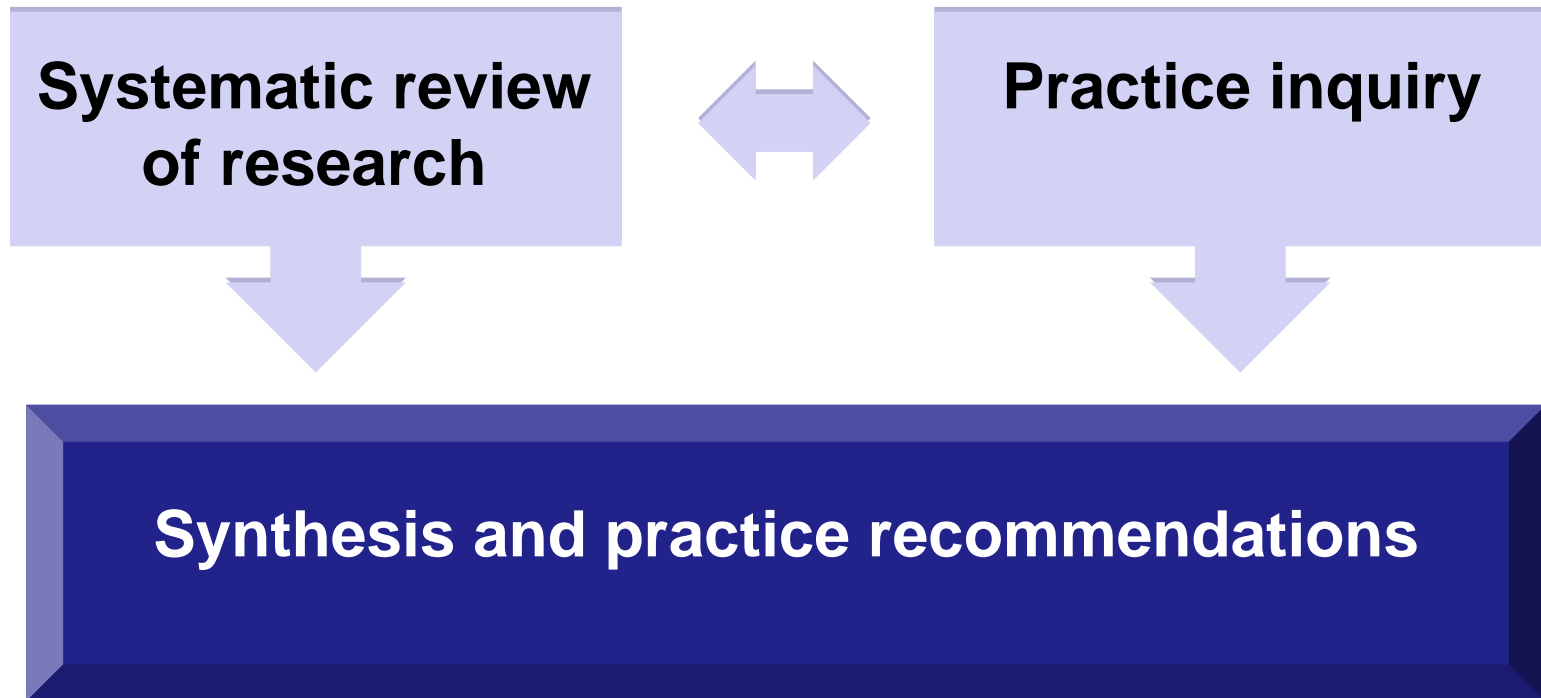
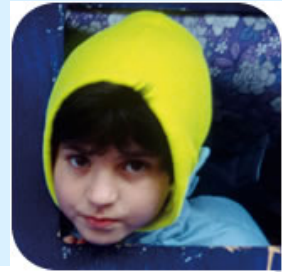


KNOWLEDGE REVIEW 3

Types and quality of knowledge in social care

SCIE
Social Care Institute for Excellence
Better knowledge for better practice

Definition of a knowledge review



The story – adaptation on innovation

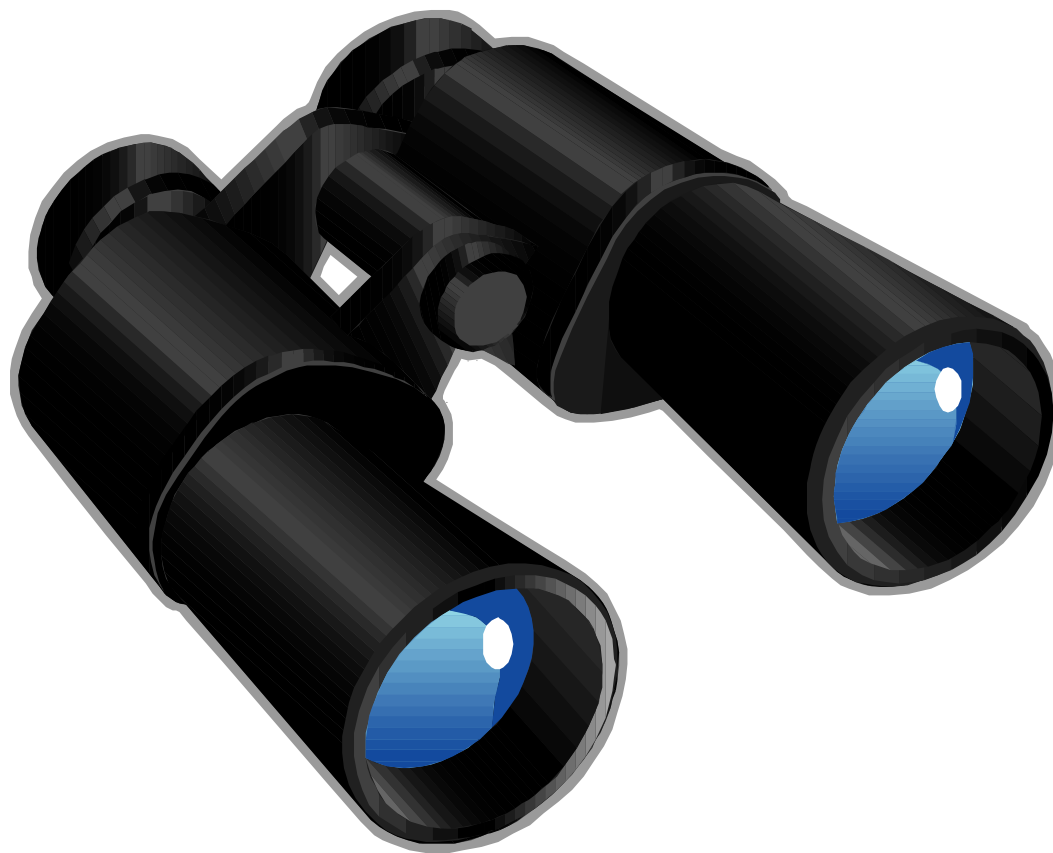
- Adaptation
- NICE processes, adapted for joint guidelines
 - Joint executive leads

An early partnership

- Recognise importance of working together
- Have established a framework agreement to underpin the work we do
 - Identifies a shared interest and purpose
 - Acknowledges that we can learn from each other
 - Builds in capacity for review

NICE - reviewing the evidence

- Review of effectiveness
 - assess quality and strength of evidence
 - assess applicability
 - try to take as broad approach to the evidence as possible
- Economic appraisal
 - economic evaluations and modelling
 - public sector perspective, QALYs
- Evidence also then consulted on.



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The story – adaptation to innovation

Adaptation

- NICE processes, adapted for joint guidelines
- Strong social care representation on guidelines development group and chairs from social care and health
- Integration of qualitative evidence that looks to capture directly the voice of the service user and carer to complement the conventional approaches to guidance development based on statistical evidence.
- Language
- Adds value
 - Using sources of evidence that address social as well as health questions provides a whole picture of people's needs
 - Integrating qualitative with quantitative evidence, can tell you not only what works, but why

Adaptation – the results

- The first recommendation of the dementia guidelines is that the service should be available without discrimination in terms of age, disability, race or culture.
- Guidance on parent training for conduct disorders describe the characteristics of effective programmes.
- Adds value
 - Using sources of evidence that address social as well as health questions provides a whole picture of people's needs
 - Integrating qualitative with quantitative evidence, can tell you not only what works, but why

The story- innovation

- A joint methodology for joint guidance on the health of looked after children which includes 3 evidence reviews (NICE), rapid appraisal of practice (SCIE), practice survey (SCIE), stakeholder consultation (NICE), qualitative review (SCIE), expert witness (NICE)
- Can current systems, frameworks and processes used to identify and monitor health, emotional and social outcomes for looked after children, young people and their families be improved?
- Sources of evidence
 - Practice survey
 - Rapid appraisal of practice
 - Stakeholder consultation
 - Review 3 – improving access to services

Some philosophical considerations

OXFORD WORLD'S CLASSICS

DAVID HUME
AN ENQUIRY CONCERNING
HUMAN UNDERSTANDING



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- Rationalism –

- Demonstrative reasoning is deductive and involves relations between ideas.
- This type of reasoning can proceed with absolute certainty based on the logical relations between ideas
- Geometry, algebra, logic, method
- *A priori.*

- Empiricism
 - Factual reasoning is inductive and involves drawing apparently reasonable but not logically certain conclusions based on the evidence, experience or testimony.
 - *A posteriori*

- Producing evidence based guidance involves both kinds of reasoning – the problem has been a failure to articulate the two approaches, and to confine much which is scientific to the realm of opinion down the bottom of the hierarchy of evidence..

Working together



- Reflects reality – of service user experience, of provision at a local level
- Gives coherence - all those involved will be working to the same guidelines

- So the dichotomy between factual evidence and other forms of information is false.
- The true dichotomy is between factual reasoning and *a priori* demonstrative reasoning.
- The problem is that the idea of the hierarchy of evidence is based on *a priori* demonstrative reasoning rather than the operation of the ideas in the real world.

- In turn that is why guidance production in which demonstrative reasoning – the hierarchy of evidence and certain mathematical techniques masquerade as factual reasoning causes so much difficulty; and
- It is therefore an unsuitable basis on its own for making real world recommendations.