



WHAT MIGHT THE RESEARCH EVIDENCE MEAN HERE?

Seven questions to examine potential applicability and transferability of the evidence

1. How do the findings apply to different type of patients and populations?
2. What organisations and systems is the evidence applicable to?
3. What financial and commissioning processes might influence applicability?
4. What systems leadership elements might influence applicability?
5. What features of services/s might influence applicability?
6. What features of the workforce might influence applicability?
7. What elements of the initiatives might influence applicability?

1. HOW DO THE FINDINGS APPLY TO DIFFERENT TYPES OF PATIENTS AND POPULATIONS?
What type of conditions were included?
What was the level of severity of these conditions?
Was the level of deprivation in the study populations particularly higher/lower than the national average?
Was the level of socio-economic diversity in the study populations particularly high/low?
Was the research carried out in particularly rural or urban areas?
Was the research carried out in particularly compact or geographically spread regions with high or low populations/density?
Were the levels of health needs in the research populations higher/lower than the national average?
Was the prevalence of a condition particularly low or high in the populations researched?
2. WHAT ORGANISATIONS AND SYSTEMS IS THE EVIDENCE APPLICABLE TO?
What was the size of the organisations in the studies (e.g. population served, size of catchment area, number of patients, turnover, range of services)?
Was the initiative within one, or across different organisations?
What type of organisations were involved e.g. health/social care/private/voluntary?
Was there a historical relationship/existing alignment between the services and/or organisations?
What was the geographical proximity of services (such as multiple hospitals)?
Was the baseline performance of the study organisations higher/lower compared to the national average?
What was the policy environment at the time of introduction of the initiative, were there particular drivers/levers for this change?
Were other changes being made con-currently?
Was there audit/an evaluation loop in place?
Were there particular elements of infrastructure in place within the organisations studied, such as existing shared IT systems?

Did the organisations studied have other relevant services in place (e.g. having an intermediate care team)
Did the organisations studied have particular admission routes (e.g. Medical/surgical GP-referred patients admitted via A&E)
3. WHAT FINANCIAL AND COMMISSIONING PROCESSES MIGHT INFLUENCE APPLICABILITY?
What was the source of funding for the initiative, was it ring fenced?
What were the commissioning/budget arrangements in the organisations studied?
Were available resources reduced/increased around the time of introduction?
Were there incentives for organisations to be included?
Any other key elements of transactability or financial viability?
4. WHAT SYSTEMS LEADERSHIP MIGHT INFLUENCE APPLICABILITY?
Was there a dedicated project manager/managerial leadership role, was leadership from managerial or clinical staff?
Was there a project champion?
Was there engagement and support for the initiative amongst patients?
5. WHAT FEATURES OF SERVICES MIGHT INFLUENCE APPLICABILITY?
What was the location for the initiative (specialist versus non-specialist unit, outpatients versus inpatients, acute versus community, vertical or horizontal integration)?
Had other initiatives already been introduced in the setting researched, was there alignment between initiatives?
Was the care or service in the locations studied, of a particularly poor or good standard?
6. WHAT FEATURES OF THE WORKFORCE MIGHT INFLUENCE APPLICABILITY?
What level of motivation/support for the initiative was there amongst the workforce in the research?
What was the level of willingness to change/take part amongst the workforce in the research?
What were the employment conditions for the staff involved in the research (e.g. same/different employers, type of contract, employed for the project or transferred)?
What was the working location of staff involved in the research (e.g. co-location in same office, same site, travelling between sites)?
Was there a requirement for specialist staff (e.g. GPwSI)?
Which professions/staff roles were involved in the initiatives reported?
What size of staff group was involved (for example small or large MDTs)?
What training was required/provided?
7. WHAT ELEMENTS OF THE INITIATIVES MIGHT INFLUENCE APPLICABILITY?
What were the components of the interventions reported - was it simple or with multiple elements?
Was the integration full or partial?
Was the intended reach narrow or broad (e.g. inclusion criteria, number and type accepted/not accepted into initiative)?
How long had the initiative been in place?
Are there specific requirements that must be in place?