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**NIHR** Applied Research Collaboration Northwest London

## BACKGROUND

### The Challenge

External evaluation is crucial for improving healthcare quality and ensuring accountability, but conducting rigorous evaluations in healthcare settings presents significant challenges.



### The Solution: NIHR ARCs

Applied Research Collaborations (ARCs) bridge the gap between academic institutions and clinical settings, ensuring research insights influence practice and clinical challenges inform research direction.

#### NIHR ARC North-West London

Created the [Evaluation Learning Network \(ELN\)](#)

### Evaluation Learning Network Aims

#### Real-time Support

Support participants within NWL to conduct real-time evaluations

#### Baseline Understanding

Provide baseline understanding of how to conduct an evaluation

#### Evidence & Resources

Respond to network needs by collating evidence and resources to support evaluations

#### Peer-to-Peer Support

Provide peer-to-peer support throughout evaluations

### Impact & Results

4 +

Years of Operation

20 +

Commissioned Evaluations

## AIM

To identify the key challenges in external evaluation partnerships and develop practical solutions to enhance evaluation effectiveness in healthcare settings. We aimed to understand how these partnerships can be structured to **balance academic rigour with operational realities** while maintaining independence and driving quality improvement.

## METHODS

**Research Design:** A qualitative study was conducted based on the five-year experience of the NIHR ARC NWL's ELN in delivering external evaluations.

**Information Sources:** Data were collected from a review of project documentation from over twenty commissioned evaluations. Additionally, semi-structured in-depth interviews were held with NIHR ARC NWL, involved in evaluations in the health and social care setting.

**Data analysis:** The qualitative data were analysed using thematic analysis and NVivo software, with a focus on identifying patterns in evaluation challenges and successful strategies for academic-clinical partnerships.

## CONCLUSION

This study underscores that effective external evaluation in healthcare requires carefully structured partnerships that balance academic rigour with operational realities. Successful partnerships depend on robust institutional frameworks, transparent processes for maintaining independence, and strong stakeholder relationships.

## FINDINGS

### KEY CHALLENGES AND SOLUTIONS IN EXTERNAL HEALTH & SOCIAL CARE EVALUATIONS

#### 1. Contracting Process: *Complex processes and bureaucratic delays*

⚠ Complex processes and low prioritization of evaluations can cause significant delays. Ill-defined contracts can lead to shifting demands and "moving goalposts". Bureaucratic institutional requirements are often incompatible with the rapid turnaround times needed by NHS organizations.

✅ Establish broad, overarching contracts with key partners to streamline processes. Explicitly define contractual clauses for deviations and resource adjustments. Proactive and ongoing communication with funders is also crucial to manage expectations.

#### 2. Data Sharing: *Lengthy agreements and restricted access*

⚠ Lengthy data-sharing agreements can cause delays, which can misalign with funding periods. It can be difficult to access sensitive, patient-level data, especially for non-NHS staff.

✅ Set up comprehensive data-sharing agreements with key organizations in advance. Building the evaluator's credibility through data governance training can help. Use internal trust analysts to handle patient-level data to mitigate governance issues.

#### 3. Ethical Requirements: *Lengthy processes compromise timeliness*

⚠ The lengthy ethical review process for "research" can be time-consuming and create delays. This sometimes pressures evaluators to frame their work as a "service evaluation" to avoid delays, which can hinder the rigor and eventual publication of findings.

✅ Establish overarching ethics frameworks with key organizations to simplify the process. Creating separate ethics pathways for evaluations could also reduce delays.

#### 4. Data Availability and Access: *Poor quality data compromises validity*

⚠ Data for evaluating interventions may be unavailable, of poor quality, or not in a usable format. There can be a significant gap between what commissioners expect to be available and the reality of the data.

✅ Verify data availability and usability before contracting to ensure the evaluation is feasible. Communicating data constraints early helps set realistic expectations.

#### 5. Short Evaluation Windows: *Limited time restricts robust study designs*

⚠ Short timeframes, often six months to one year, limit robust study designs and findings. Implementation delays are common and can make it difficult to meet milestones, sometimes leading to the reframing of the entire project.

✅ Synchronise evaluation and intervention timelines and consider starting with a formative evaluation to provide rapid feedback. Build in structured timelines with buffers to account for potential delays.

#### 6. Participant Recruitment: *Recruitment challenges lead to delays and limited data*

⚠ Recruiting participants, whether they are community members or healthcare professionals, is extremely time-consuming and resource-intensive. Short evaluation windows do not allow enough time for effective recruitment.

✅ Identify project champions and engage clinical teams early, as they may have direct access to participants. Leveraging commissioner networks and offering personalized invitations or small incentives can also help.

#### 7. Engaging Diverse Stakeholders: *Difficulties involving pressured stakeholders*

⚠ It is difficult to involve a wide range of stakeholders who are under significant operational pressure and have varying priorities.

✅ Accommodate their schedules and use language they are familiar with to facilitate engagement. Creating communication pathways for one-on-one advice and delegating some engagement responsibilities to the commissioner can also be helpful.

#### 8. Limited Available Budgets: *Tight budgets restrict evaluation scope and rigour*

⚠ Evaluation work is often an afterthought, resulting in tight budgets that restrict the scope, rigor, and capacity of the evaluation. This can limit academic impact and force evaluators to provide "in-kind" contributions.

✅ Share resources across multiple projects to enhance efficiency. Assess resources and timelines carefully before accepting a project to ensure its feasibility.

#### 9. Conflicting Incentives and Success Metrics: *Academic vs Clinical Disconnect*

⚠ Academics are often motivated by high-impact research and publications, while clinical staff are focused on an intervention's practical impact. This disconnect can lead to misinterpretations of data and a divergence of goals.

✅ Bridge organisational silos through a shared understanding of goals. Prioritise applied impact over strict academic rigour and provide formal recognition for non-academic outputs to incentivise academics.

#### 10. Evaluation Objectivity: *Balancing independence with sponsor interests*

⚠ Maintaining objectivity is challenging when funders have a vested interest in positive outcomes. This can lead to pressure to "sugar-coat" or reword findings to present them more favorably.

✅ Manage conflicting expectations from the very beginning of the partnership. Clearly communicate the evaluator's ethical obligation to produce transparent and objective results. Reframing negative findings as learning opportunities can also help.

### Key Strategic Insights

#### Relationship Building

Sustained partnerships with healthcare organisations are essential for overcoming institutional barriers and streamlining processes.

#### Balance Rigour & Reality

Successful evaluations require balancing academic rigour with operational realities while maintaining independence.

#### Proactive Planning

Early engagement, realistic timeline planning, and clear expectation setting are critical for evaluation success.

#### Flexible Frameworks

Evaluation frameworks must be adaptable to healthcare complexity while maintaining rigorous standards.