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Background:

Evidence based decision making is central to population health, particularly during a pandemic. Few studies examine the production and use of evidence in decision-making during crisis management. This study describes and evaluates the provision of rapid evidence products by a single agency to support national decision making.

Methods:

Semi-structured interviews were conducted with a convenience sample of evidence providers (who gathered and disseminated the required evidence) and service users (policy makers). Interviews were transcribed verbatim and analysed using thematic analysis. Quantitative data of work activity were summarised descriptively.

Results:

Three themes were generated from the data: the work, the use and the future, with a fourth theme cross-cutting across these: the team. The work followed clear protocols and was centrally managed. The scope and changing nature of the evidence were highlighted as issues. The service providers reported a strong sense of team work and 'being in this together', however, the majority of the participants felt that the workload was huge and exhausting and not sustainable long-term. Overall the service users thought the rapid evidence synthesis was indispensable to the decision-making process and had trust and confidence in the work, largely based on existing working relationships with the team. While they recognised that the evidence synthesis support would be an essential component of the continued pandemic response, they did query the sustainability of the process and reflected on the amount of work the team performed.

Conclusions:

This evaluation, drawing on qualitative data, has highlighted that, across the services users and evidence providers, the support provided by HIQA was generally perceived as positive. From the service users' perspective, having access to the team was indispensable to the decision making process. However, the sustainability of the work load was identified as a major challenge.

Evaluating rapid review provision to inform policy during the COVID-19 pandemic

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