



APPENDICES OF D3.2 EVALUATION REPORT OF EVIDENCE REPORTS

Evaluation of accomplishment, peer reviewing activities of key documents and methodological quality threshold of individual WP deliverables

Prepared by
WP3 - EVALUATION

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8th March 2018

TABLE OF CONTENTS

APPENDICES.....	3
Appendix 1. Acknowledgements.....	3
Appendix 2. Evaluation of accomplishment of milestones, deliverables and internal WP meetings and quality of PB meetings.....	6
Table 2.1. Milestones.....	6
Table 2.2. Deliverables	7
Table 2.3. Accomplishment of milestones (MS) and deliverables (D) according to expected deadline.....	8
Table 2.4. Milestones main tasks.....	9
Table 2.5. Deliverable main tasks.....	10
Table 2.6. Expected internal WP meetings carried out according to time schedule.	11
Table 2.7. Improvement areas & needs identified during the PB1-3 meetings	12
Appendix 3. Peer review and methodological quality threshold.....	14
3.1. Final assessment report of D4.1	14
3.2. Final assessment report of D5.1	20
3.3. Final assessment report of D6.1	27
3.4. Final assessment report of D7.1	33

APPENDICES

Appendix 1. Acknowledgements

Maria-Dolors Estrada and Vicky Serra-Sutton thank to the Evaluation Advisory Group (EAG), Program Board (PB) and members of the WP teams for their contributions to Act on Dementia JA activities carried out from March 2016 to December 2017. Also their AQuAS colleagues and external experts.

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Appendix 2. Evaluation of accomplishment of milestones, deliverables and internal WP meetings and quality of PB meetings

Accomplishment indicator_1

Table 2.1. Milestones

Data sources: GA, its amendment and work plans			Data sources: updates related to PB 1-3 meetings, periodic report, milestones and deliverables	
Milestone number and title	WP in charge	Due date (in months)	Indicator_1: level of accomplishment of milestones and deliverables according to expected deadlines*	
			Accomplishment	Comments
Milestone 1 Joint Action begins (kick off meeting)	WP1	M1 (Mar 2016)	Yes (M1)	
Milestone 2 Joint Action Programme Board established	WP1	M2 (Apr 2016)	Yes (M1)	
Milestone 3 Dissemination Advisory Group established	WP2	M2 (Apr 2016)	No (M4) (delayed by 2 months)	
Milestone 4 Evaluation Advisory Group established	WP3	M2 (Apr 2016)	No (M4) (delayed by 2 months)	
Milestone 5 Risk Register	WP1	M3 (May 2016)	Yes (M1)	
Milestone 6 Project plans and Meeting schedules for each WP	WP1-7	M3 (May 2016)	Yes (M3): WP6 No: WP5 & WP7 (M5) (delayed by 2 months); WP1 & WP4 (M11) (delayed by 8 months)	WP3 and WP2 have 2 deliverables related to evaluation and dissemination strategies considered ongoing and alive documents
Milestone 7 Agendas and Minutes of Meeting available	WP1-7	M3-36 (May 2016-Mar 2019)	Yes (M3-12)	Updates before each PB meeting
Milestone 8 Draft Evaluation Plan	WP3	M5 (Jul 2016)	Yes (M5)	First draft in PB 1 meeting M5 (Jul 2016)
Milestone 9 Draft Dissemination Plan	WP2	M7 (Sep 2016)	Yes (M19) (delayed by 12 months)	Source: pages 23 & 57 of periodic report

*although 60 days of delay is allowed according JA policy, this extra time in delivery has not been into account in the comparison between expected and observed deadlines; M: month; GA: grant agreement; PB: programme board; WP: work package.

Table 2.2. Deliverables

Data sources: GA, its amendment and work plans			Data sources: updates related to PB 1-3 meetings, periodic report, milestones and deliverables	
Deliverable number and title	WP in charge	Due date (in months)	Indicator_1: Level of accomplishment of milestones and deliverables deadlines*	
			Accomplishment	Comments
D1.1 Periodic report	WP1	M18 (Aug 2017)	No (M22) (delayed by 4 months)	-Since M19 (Sep 2017) up to M22 (Dec 2017): drafting periodic report, financial report and summary report (source: update WP1 PB 4 meeting). -Submission: M22 (Dec 2017)# -Source: page 58 periodic report. -approved by PB
D2.1 Leaflet	WP2	M3 (May 2016)	No (M7) (delayed by 4 months)	-Initially circulated: M4 (Jun 2016). -Published: M7 (Sep 2016)# -Source: pages 23, 44 & 57 periodic report. -Return Assessment Report is done but not the final assessment report. -approved by PB
D2.2 Website	WP2	M3 (May 2016)	No (M8) (delayed by 5 months) Not fully completed.	-First draft: M7 (Sep 2016). -Live: M8 (Oct 2016)# -Not formally evaluated with Act on Dementia checklist -approved by PB
D2.3 Dissemination Plan	WP2	M8 (Oct 2016)	No (M18) (delayed by 10 months)	-Drafted and shared: M4 (Jun 2016). -Return Assessment Report from WP3 is pending. -This deliverable is not signed off by PB.
D2.4 Periodic Dissemination Report	WP2	M18 (Aug 2017)	No (M34) (delayed by 16 months)	-It will be presented: M34 (Dec 2018)# -Return Assessment Report from WP3 is pending. -Source: page 44 periodic report.
D3.1 Evaluation Plan	WP3	M6 (Aug 2016)	No (M18) (delayed by 12 months)	-Draft and Shared: M7 (Sep 2016). -This deliverable is not signed off by PB.
D3.2 Evaluation Report-Evidence Reports	WP3	M13 (Mar 2017)	No (M23) (delayed by 10 months)	-It will be presented to PB: M23# (Jan 2018)
D4.1 Evidence Report-Diagnosis	WP4	M12 (Feb 2017)	No (M19) (delayed by 7 months)	-First draft to WP3: M15 (May 2017) -Approved 3rd PB meeting: M19 (Sep 2017)#
D5.1 Evidence Report-Crisis and Care Co-Ordination	WP5	M12 (Feb 2017)	No (M21) (delayed by 9 months)	-First draft to WP3: M11(Jan 2017) -M21 (Nov 2017)# -Not approved by 3rd PB meeting: M19 (Sep 2017).
D6.1 Evidence Report-Quality of Care in Residential Settings	WP6	M12 (Feb 2017)	No (M21) (delayed by 9 months)	-First draft to WP3:M17 (Jul 2017). -M21 (Nov 2017)# -Not approved by 3rd PB meeting: M19 (Sep 2017).
D7.1 Evidence Report-Dementia Friendly Communities	WP7	M12 (Feb 2017)	No (M19) (delayed by 7 months)	-First draft to WP3: M12 (Feb 2017). -Approved by 3rd PB meeting: M19 (Sep 2017)#

used dates to do the calculations; *although 60 days of delay is allowed according JA policy, this extra time in delivery has not been into account in the comparison between expected and observed deadlines; M: month; GA: grant agreement; PB: programme board; WP: work package.

Table 2.3. Accomplishment of milestones (MS) and deliverables (D) according to expected deadline

D/MS	From March to December 2016										2017											
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
D1.1																			+	+	+	S/A
MS1	S/A																					
MS2	S/A																					
MS5	S/A																					
MS6			S	+	S	+	+	+	+	+	S											
MS7			S	S	S						S								S		S	
D2.1				+	+	+	S/A	q														
D2.2				+	+	+	+	S/A														
D2.3									+	+	+	+	+	+	+	+	+	S				
D2.4																			+	+	+	+→34
MS3				S																		
MS9								+	+	+	+	+	+	+	+	+	+	+	S			
D3.1						+	+	+	+	+	+	+	+	+	+	+	+	S				
D3.2														+	+	+	+	+	+	+	+	+→23
MS4			+	S																		
MS8				S																		
D4.1													+	+	S+	+	q+	+	A			
D5.1										S			+	q+	+	+	+	+	+	+	+	+→?
D6.1													+	+	+	+	S/q+	+	+	+	+	+→M24
D7.1											S		q+	+	+	+	+	+	A			

LEGEND

- +: 1 month delay
- S: submitted for approval by PB
- A: approval by WP
- q: assessment of quality with checklist by WP3
- Yellow: PB meetings
- Green: D/MS deadline in GA (it means to have been approved by PB)

Accomplishment indicator_2

Table 2.4. Milestones main tasks

Data sources: GA, its amendment and work plans			Data sources: updates related to PB 1-3 meetings, periodic report, milestones and deliverables
Milestone number and title	WP in charge	Main tasks (content)	Indicator_2: level of accomplishment of milestones and deliverables main tasks
			Accomplishment
Milestone 1 Joint Action begins	WP1	Kick-off	Yes
Milestone 2 Joint Action Programme Board established	WP1	Establishment, composition and functioning	Yes
Milestone 3 Dissemination Advisory Group established	WP2	Establishment and composition	Yes
Milestone 4 Evaluation Advisory Group established	WP3	Establishment and composition	Yes
Milestone 5 Risk Register	WP1	Development and maintenance	Yes
Milestone 6 Project plans and Meeting schedules for WP	WP1-7	Programme of meetings of WP members, arrangements for engagement with expert group and communications strategy for the management of work within the WP	Yes: WP4, WP5, WP6, WP7 Yes, partially: WP1, WP2, WP3
Milestone 7 Agendas and Minutes of Meeting available	WP1-7	Agendas and minutes of meetings (participants, agreement and actions)	Yes: WP1, WP4, WP6, WP7 Yes, partially: WP2, WP3, WP5
Milestone 8 Draft Evaluation Plan	WP3	Three WP3 aims included	Yes
Milestone 9 Draft Dissemination Plan	WP2	Brand image, monitoring of progress and stakeholder mapping	Yes

GA: grant agreement; PB: programme board; WP: work package.

Table 2.5. Deliverable main tasks

Data sources: GA, its amendment and work plans			Data sources: updates related to PB 1-4 meetings, periodic report, milestones and deliverables
Deliverable number and title	WP in charge	Main tasks	Indicator_2: Level of accomplishment milestones and deliverables main tasks
			Accomplishment
D1.1 Periodic report	WP1	Development of the periodical technical and financial reports and its summary	Yes
D2.1 Leaflet	WP2	Development, final version and edition	Yes
D2.2 Website	WP2	-Creation, in place for participants -Full content	Yes, partially. The website exists but it does not have any content yet. Friendliness, usability and readability have not been formally evaluated.
D2.3 Dissemination Plan	WP2	Common presentation materials, review and updating promotional and presentation materials, calendar of events, networks and organisations, plans for academic and non-academic publications, plans for use of social media and regular review to track progress and consider amendment	It is in progress. It is not been evaluated yet.
D2.4 Periodic Dissemination Report	WP2	Development of the technical and financial parts of the Periodic report and its summary.	It is in progress. It is not been evaluated yet.
D3.1 Evaluation Plan	WP3	To support the production of Periodic report, to ensure that individual WP deliverables meet an acceptable quality threshold, to propose qualitative and quantitative measures to be adopted by WP during the test site evaluation and, to evaluate the impact of the JA.	Yes, presented at four PB meetings and specifically in specific EAG and IAG meetings
D3.2 Evaluation Report-Evidence Reports	WP3	-Evaluation of level of accomplishment (milestones, deliverables, meetings & quality PB meetings), peer reviewing activities and methodological quality threshold of key deliverables.	It is in progress. It is not evaluated yet.
D4.1 Evidence Report-Diagnosis	WP4	Benefits and risks of dementia diagnosis evidence report.	Yes
D5.1 Evidence Report-Crisis and Care Co-Ordination	WP5	-Mapping of relevant research and best practices of dementia care coordination in participating countries including definitions of dementia crisis and care coordination. -Identification of the best practice in care coordination and crisis response services for people with dementia	Yes, partially; the literature review ok but the work about what and how to implement is in progress and that is the reason it is not evaluate completely
D6.1 Evidence Report-Quality of Care in Residential Settings	WP6	-Literature review about physical environment, reduce the use of antipsychotics, psychosocial intervention and palliative care; additionally, a literature review of organizational factors and a state of the art report of person centred-care. -What and how to implement	Yes, partially; the literature review ok but the work about what and how to implement is in progress and that is why it is not evaluated completely.
D7.1 Evidence Report-Dementia Friendly Communities	WP7	Survey of available evidence to agree best practice models for change to be tested in localities (will consider available literature and engage with partners, stakeholders, and networks, including those living with dementia and their carers).	Yes, partially; the evidence component ok but the work related to the 2 nd component (a practical DFC tool kit) is in progress. Due to the second part is not evaluated yet.

Table 2.6. Expected internal WP meetings carried out according to time schedule

	From March to December 2016										2017												
Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	(M12)M22
Project phase (GA)	Evidence phase										Testing phase→M36												
WP1 meeting plan-PB	M				M			m			m/M			m			m			m			(4)7
Carried out	M				M						m								M			M	(3)5
WP2 meeting plan-DAG				m						m									m			m	(2)4
Carried out				m						m													(2)2
WP3 meeting plan-EAG				m						m									m			m	(2)4
Carried out				m						m													(2)2
WP4 meeting plan							M															M	(1)2
Carried out		m	m				M															M	(3)4
WP5 meeting plan		m			m			m		m	m			m		m	M			m		m	(5)10
Level accomplishment		m																		M			(1)2
WP6 meeting plan		M						M					M							M			(2)4
Carried out		M						M	M				M						M		M		(3)6
WP7 meeting plan		m		m	m		m	m/M	m		m			m					m		m		(7)10
Carried out		m		m	m		m	m											m	m	m		(5)8
All WP meeting plan	1	3	0	3	3	0	2	4	1	3	3	0	1	3	0	1	3	2	0	4	3	1	(23)41
Carried out	1	4	1	3	2	0	2	2	1	2	1	0	1	0	0	0	0	0	3	2	3	1	(19)29

LEGEND
m: teleconference meetings
M: face-to-face meetings
Yellow: PB meetings held
Green: meeting carried out according to time schedule

Feedback after PB1-3 meetings through satisfaction and improvement areas survey

Table 2.7. Improvement areas and needs identified during the PB1-3 meetings

PB1 meeting (n=15 participants)			
Category of respondents	Key aspects of improvement of meetings for the future	Key needs identified in the meetings	Additional comments
WP organised (n=3)	<ul style="list-style-type: none"> -“Some additional time for reflexion” -“It would be helpful if papers were issued at least a week in advance...” -“It might be better to have fewer agenda items and thereby allow more time for discussion” 	<ul style="list-style-type: none"> -“Asking all participants for their top 3 aims for the meeting to ensure meet objectives and work more effectively” 	<ul style="list-style-type: none"> -“welcome feedback from others participants”. -“I don’t know if it is a cultural difference, but it is very difficult to concentrate on what is being said when multiple conversations are going on around the room. I understand if this is for translation purpose and is discrete, but long conversations off topic seem really rude” -“Welcome feedback from other participants to help highlight any improvements we can make.”
Associated partners (n=4)	<ul style="list-style-type: none"> -“Participants should attempt to attend the entire meeting”. -“The speakers from ICHOM on second morning took quite a lot longer to present than they had been allocated which meant that the remaining speakers/items felt a little rushed. Tighter chairing in the future may mitigate that”. -“More time for partner decision, 1 extra day only for discussion” “Have the opportunity to continue decision online” 	<ul style="list-style-type: none"> -“Meeting documents should be sent earlier...” -“A few more days to read the many meeting papers in advance, although that is partly dependent on participants sending papers to the coordinators. Perhaps papers could be sent in two batches when available”. -“More time to understand terminologies and points of views. We are getting to know each other; we are from different countries, academic profiles, job profiles...”. 	<ul style="list-style-type: none"> -“The hotel was very nice” -“Well organized and led meeting by the Scots”. -“I was very impressive with the meeting, the logistics and pre-meeting communications. Having the meeting in the same hotel as the accommodation was great as was the location of the dinner venue”. -“love organization of meeting in hotel. Good hospitality and good hosts”.
Other (n=1)	<ul style="list-style-type: none"> - “I found parts of the presentation hard to follow when others attendees were talking among themselves”. 		<ul style="list-style-type: none"> -“It was invaluable to meet people face to face, in order to establish rapport and to bring the project together”.
PB2 meeting (n=16 participants)			
WP organised (n=1)	<ul style="list-style-type: none"> -“Teleconference meetings do not always feel as ‘engaged’ as face to face meetings, but time and budgetary constraints mean it is not always possible for WP leaders and PB members to meet in person”. 	<ul style="list-style-type: none"> -“ Next face to face – somewhere as convenient as possible for all – near a ‘hub’ airport so as many people as possible can travel by direct flight. All work packages asked to consider possible venues”. 	<ul style="list-style-type: none"> -“The agenda was covered at a good pace; people had an opportunity to contribute and WP leaders spoke positively about their work. I think having a break between sessions worked well – interested to know what others thought”.

Associated partners (n=2)	<p>- "Quality of sound. Break might be shorter. A better option would be to do the meeting only during the morning"</p> <p>- "I found the lengthy TC format quite difficult for long discussions of items. It may have been preferable to require people to have read materials in advance and have a much more focussed discussion or to set it up more as a webinar with presentations".</p>	<p>- "It's necessary to find another telecall option that could provide better communication between partners".</p> <p>- "Better telephone conferencing facilities. The line was not always good for hearing discussions".</p>	
PB3 meeting (n=15 participants)			
WP organised (n=1)	<p>- "Confirmation of travel and accommodation sooner would be easier for everyone".</p>		<p>- "Very positive and cooperative meeting – everyone working well together to achieve aims of JA. Appropriate venue, adequate comfort breaks and excellent catering arrangements".</p>
Other (n=3)	<p>- "Organise a longer meeting, giving enough time to discuss the real issues and not postponing all difficult points to a future hypothetical meeting, proposing the floor to the participants, chair should ask the opinion of the participants. Coordinator to channel complete information received from Chafea concerning the interim and other risks in relation to funding, delays, lack of commitment, etc."</p> <p>- "Really address and discuss the problems during the PB instead of proposing several/bilateral meetings/audioconferences".</p> <p>- "To have the material which we will discuss a few days before the meeting".</p>	<p>- "WP to better comply with the specifications of the grant agreement and provide the deliverables in time and not delayed".</p> <p>- "Need to identify the best practices for dementia, to know the implementation processes and their evaluation".</p>	<p>- "I think all JA partners need to be "more committed". It was mentioned that in-between meetings it is difficult to achieve progress. This needs to be remedied".</p> <p>- "It is important that members of the European Commission understood that the implementation of best practices for dementia without specific funding is a big problem".</p>

Appendix 3. Peer review and methodological quality threshold

3.1. Final assessment report of D4.1

FINAL ASSESSMENT REPORT OF DELIVERABLE D4.1 “REPORT ON THE BENEFITS AND RISKS OF DEMENTIA DIAGNOSIS”

Maria-Dolors Estrada & Vicky Serra-Sutton
WP3 (AQuAS), 15th November 2017

Objectives and scope of the evaluation

The objective of the current document written by WP3 is to report the final assessment of the Deliverable 4.1, the Evidence report of WP4 titled “Report on the benefits and risks of dementia diagnosis” (version 09/28/2017) written by Pierre Krolak-Salmon (WP4 leader), Armelle Leperre-Desplanques, Audrey Maillet and Claire Moutet (Civil Hospices of Lyon, Institute for Elderly & Claude Bernad University, Lyon, France) in collaboration with the associated partners and the other collaborating partners of the WP4.

The Deliverable 4.1 is a focus on the benefits and risks of dementia/NCD diagnosis. This point has been examined in 2013 in the ALCOVE JA. This report from the new Act on Dementia JA is an deep literature update of this crucial topic –benefits and risks of dementia/NCD diagnosis–examining also the healthcare providers points of view. The report leads to some propositions in order to get a positive benefit/risk ratio for the dementia/NCD diagnosis. These propositions are evidence based but with a low level of evidence linked to the type of literature on this topic to potentiate the causality relationship between interventions and benefits/risks. The work reported in the Deliverable 4.1 will be very useful for the next deliverable of the Act on Dementia JA working group on diagnosis (D4.2) as to profile the best practice model and elements that will aid in the context and transferability/ implementability. In this sense, aiming to test evidence-based process for the NCD detection in primary care, this next work will need healthcare provider’s awareness on the benefits/risks of dementia/NCD diagnosis.

Main findings from Evaluation of D4.1

1. Description of the Evaluation process

The evaluation process carried out to the Deliverable 4.1 has had different steps. The process started at the beginning of report development as mentioned to potentiate a common understanding and criteria of methodological quality criteria. The formal process of evaluation started when the WP4 sent an advanced version of this document to WP3 (AQuAS) in May 2017. Later, WP3 applied section 1 of the “Act on Dementia methodological quality tool” focused on the Evidence report related to “literature reviews”. Three appraisers from WP3 carried out this task independently (Marta Arcas, Vicky Serra and Maria-Dolors Estrada). After that, a WP3 meeting took place aiming to reach an agreement of final quality threshold of the “advanced evidence-report”. Because of this, the “Return Assessment report Deliverable 4.1” was sent to the leader of the WP4 for his consideration in July 2017. One month later, WP4 sent to WP3 their first feed-back document establishing what their position was in front of each comment/suggestion (August 2017) made by WP3 and, finally, a working dinner took place in Lyon between WP4 and WP3 just before the last PB meeting in September 2017 as a feed-back meeting. The PB members, pending final minor revision and clarity modifications,

approved deliverable 4.1. After that activity, a second and final feedback document from WP4 was sent to WP3 in September 2017; a final tracked version of the Deliverable 4.1 with a methodological appendix was sent to WP3 by WP4 in October 2017. A final peer review has been made by WP3. Last step of this evaluation process ended in Paris (20-21 November 2017) during WP4 internal meeting with the closure of the “Final Assessment Report”. It is expected that after some revision of WP2, this Evidence report of WP4 will be published in Act on Dementia website.

2. Results of advanced version assessment (first review)

WP3 applied part of the section 1 of the Act on Dementia methodological quality tool. In particular, the composite item 1-Literature review of the domain 1-Evidence due to the other evaluable features (domains) were out of the aims of the Deliverable 4.1.

Results of advanced version analysed show that the draft Deliverable 4.1 is sound and valid in global methodological quality terms (score 4/7).

The majority of the steps of a systematic review has been followed in the Deliverable 4.1 and are quite well described in the method chapter. An exhaustive literature review aiming to identify all kind of relevant accessible published studies with different study designs, attributes (efficacy, safety, taking into account clinical aspects, but also ethical, societal and psychological context issues for complex interventions), recommendations based on evidence (as in classical systematic reviews or clinical guidelines) have not been defined. In this case, there has been an integration of results and description of general conclusions. WP3 suggested some changes to improve the easiness of reading and understanding of the advanced version of the Deliverable 4.1: a rational & scientific context at the beginning of the document and more justification of need of this report; a summary in tables/figures with benefits/risks in the general synthesis section and in each chapter; a methodological appendix reporting the appraisal carried out in the included studies; a clarification of the associated partners role in this report and state any conflict of interest; and, finally, the inclusion of conclusions or recommendations because there are fundamental, especially after so many key findings and to advance in the next phase of best practice selection/description and testing.

3. Results of final version assessment (second and final review)

3.1. At specific level

Scope and aim

The final version of the D4.1 has improved substantially in terms of description of its scope and aims in comparison to the previous revised version. Information added allows potential users to know what this report adds in relation to previous Joint Action ALCOVE as well the specific contribution of WP4 to the current ACT ON DEMENTIA Joint Action as a whole. In addition, WP4 mentions the main components (D4.1 specific objectives) of the report and how they were accomplished.

However, WP3 considers that specific objectives and global contribution of D4.1. to advance in best practice description and testing should be included and structure of the report have to be mentioned only once and to do this in a specific point, preferably at the beginning of the report to be easily identify them. Currently, the specific objectives and how they are presented are described in different parts of the report (at the end of the chapters 1 and 2) and this lows clarity and in some cases seem redundant.

WP3 also thinks that a brief but clear executive summary (including aims, short methods,

results and conclusions) should be prepared. In this sense, feedback documents received from WP4 could be useful because there WP4 explains in a clear and precise way this point (what the objective of D4.1 is in comparison to the others deliverables, D4.2 and D4.3). WP3 understands all WP4 deliverables as a whole.

The term “consensus report” should be delated as a goal of this report as WP3 considers the basis an exhaustive literature review.

Method section

The final version of the D4.1 has improved including all key steps of a literature review clearly described. Thus, potential users would be able to know in a complete and clear way what were the actions involved in its development step by step that gains credibility and reproducibility of results and Evidence report. Contributions from WP co-leaders and the rest of the members regarding each step are also clearer stated and it is very important to know that all of them have declared absence of conflict of interest. Further explanation should be given on the concept of “low-level evidence”, especially when referencing in conclusions. For example, “The most robust study designs to clarify the causality relation between a health intervention and benefit/risk are well conducted and robust quantitative randomized clinical trials. In the case of D4.1. not only clinical, health issues are been taken into account but also ethical, sociological and psychological context issues and complex interventions are been measured, so other study designs have been included, even if the strength and level of evidence are lower to attribute casual interaction between the complex intervention and benefit/risk”.

Search strategy: the final version of the D4.1 has included search time and more details about last databases consulted. WP3 considers that the search strategy must be placed in appendix chapter as just the data extraction and assessment template to easy reading of the report.

Study selection: the final version of the D4.1 has improved quite in comparison to advanced version because there are more details about the following items: selection criteria applied, in particular new information about the excluded studies; information about study design, quality and level of evidence of all included studies and available in different ways as on the list of references and appendix C; the inclusion of a methodological appendix with the summaries of the literature of interest; a clear and complete flow chart; the addition of the assessment template in the appendix B as most remarkable improvements. A clearer methodological chapter contributes to increase the trust in the methodological process followed to develop the D4.1 has been systematic and exhaustive in each step of its development.

Results

Descriptions of results are clear and robust. New summary tables have been added and summarize the key findings structured in key topics and describing the clinical and conceptual definition of dementia and population being studied. Key strategies for diagnosis and primary prevention process of neuro-degenerative disorders their benefits and risks, and protective and risk factors for users and caregivers have been described.

Integration of results: the final version of the D4.1 shows the same level of integration of evidence than advanced version. Authors describe the benefits and risks according different groups and, after a statement of benefit or risk, a list of references is included. Benefits and risks have been classified in subgroups according to key stakeholders together with tables summarizing key findings that will help in aiding the profiling of best practice model for testing/ implementation phase.

Although table 5 shows contributions of the D4.1 to state of the art on benefits and risks in comparison to ALCOVE, WP3 would suggest adding more details about the comparison of ALCOVE key findings/ recommendations in relation to Act on Dementia key finding, specially a small note to help interpretation of summary table 4 and 5. WP3 understands the key findings and conclusions from Evidence report of WP4 are aligned with recommendations from ALCOVE and would support new recommendations from ACT ON DEMENTIA Joint Action.

Conclusions

The final version of the D4.1 has improved considerably in comparison to advanced version because the latter had not included key conclusions clearly defined and related to findings from Evidence report of WP4. This fact is not logical and detrimental its methodological quality apart from not to give clear message to the audience from main findings.

As mentioned in comment to methods section, more clarification should be added to meaning, "low-evidence based" such as the following, "The most robust study designs to clarify the causality relation between a health intervention and benefit/risk are well conducted and robust quantitative randomized clinical trials. In the case of D4.1 not only clinical, health issues are been taken into account but also ethical, sociological and psychological context issues and complex interventions are been measured, other study designed have been included even if the strength and level of evidence are lower to attribute casual interaction between the complex intervention been studies and benefit/risk".

WP3 would include the following paragraphs mentioned in the comments about return assessment report WP4 D.4.1. version 21/09/2017 by WP4 team: "The main goal of this first deliverable has been able to delineate the main benefits and risks associated with the diagnosis of dementia / neurocognitive disorders according to the patient-caregiver dyad, but also from the perspective points of view of the practitioners and the society. In the whole report, one of the main arguments in favour of the diagnosis of NCD is the fact to have the possibility to maintain as much as possible the autonomy of the patient and the implementation of specific support office in order to maintain the person at home with several degrees of help. The diagnosis, or at least an earlier basis diagnosis, especially for the minor/mild forms, with early implementation of all appropriate supports and medical care, could postpone in this way the institutionalisation of the concerned patients. The findings from Act on Dementia Joint Action in this Evidence report will help to draw the key elements of a best practice model and will be promote their transferability, implementability, effectiveness and efficiency in future implementation phases (testing reports).

However, WP3 considers that "summary tables", in particular tables 4 and 5 and their corresponding "propositions for a positive Benefit/Risk [B/R] ratio assessment" in the case of table 4 or "Comments & Propositions" in the table 5", are closer than recommendations than the conclusions. Low evidence quality is not enough for not formulating recommendations based on the literature review done or that the objective of D4.1 was not the draw of a "best practice model". Additionally, more information is needed to know how these "propositions" were developed because WP3 has not seen information about this in the methodological chapter. Also, due to relevance of these propositions, WP3 strongly recommended to explain in the text instead of inside these two tables.

Recommendations

Not been clearly described, even if ALCOVE recommendations are added in summary tables along with key findings and conclusions from Act on Dementia Joint Action.

Other issues

The final version of the D4.1 mentions sometimes the term "consensus report" and from WP3 point of view it is confusing and is related to WP4 aim but not with the methodology used to develop the D4.1.

The number of pages of the Appendix C is huge. WP3 would suggest this document was a separate file of the D4.1.

WP3 suggests use numerical footnotes instead of use "*" in the middle of texts when an additional information is needed.

Because of the assessment of D4.1, WP3 paid attention about some features related to its format and style of writing. In particular, about the female/male treatment, the use of bold letters to underline relevant outcomes or key statements, first page with authorship, pictures, academic status, specific instruction for bibliographic style or format, executive summary in different languages.

3.2. At a global level

Final assessment of the final version of the Deliverable 4.1 shows that this deliverable has improved its quality substantially in comparison to the advanced version (from 4/7 to 6/7) (**Table 3.1**).

Their strengths points are methods and results (description of evidence and integration of results). Their areas of improvement are recommendations. Some minor changes should be done to improve clarity of specific aims and what the D4.1 contributes for the next step of the project.

Table 3.1. Final assessment of the final version of the D4.1

Final version of the D4.1		A quality final score*
1.Scope and aim		++
2.Methods	2.1 Search	+++
	2.2 Study selection	+++
3.Results	3.1. Description of evidence	+++
	3.2. Integration of results	+++
4.Conclusions		++
5. Recommendations		+
Report D4.1 as a whole**		6/7

*high (+++), mid (++) and low (+)

**1-7 points, 7 highest quality

Areas of improvement based on final assessment

WP3 would suggest that objectives of the D4.1 should be located at the beginning of the report. WP3 would also suggest a brief summary clarifying the contribution of the D4.1 to the WP4 aim as a whole as well some details about next deliverables (D4.2 and D4.3) and their contribution. The intention of to have this information is to be a clear idea about all before reading the specific findings of D4.1.

WP3 would suggest moving "propositions for a positive Benefit/Risk ratio" to recommendations sections explicitly it is based on low-quality evidence and that it is not equal to define a "best practice model". This action should be go together to description about how these proposals were achieved in methodological chapter.

For the WP1/WP2: To reach a common image, WP3 suggests establishing an standardized format of reports from Act on Dementia. At least, core reports. If this is not able to apply in the first set of deliverables (Evidence reports), it will have to be possible in the second set of deliverables (Testing reports).

Limitations of the assessment and corrective actions

WP3 developed a checklist "Act on Dementia methodological quality tool" to evaluate the level of methodological quality threshold of deliverables. It was inspired in the AGREE II tool developed to evaluate the methodological rigor and transparency of clinical practice guidelines but also took into account the specific methodology of this JA "Act on Dementia". This methodology implies going beyond classical evidence based approaches in the selection and description of evidence, because best practices models have to be identified and then implemented. WP3 understands that due to the fact of complex interventions and their benefits and risks been measured to help draw a best practice model, it has been a challenge to propose and agree on the best criteria to evaluate the methodological quality of these Evidence reports.

The application of the section 1 (Evidence) to the D4.1 has shown some limitations. In particular, due to mismatch between the content of the D4.1 and the domains of the applied section designed by to a full Evidence report. This means from Evidence to best practice model implementability (not implementation). Nevertheless, WP3 has adapted the process of evaluation of this specific D4.1 to its final content proposal. In other words, WP3 has only applied items related to domain 1 but not domains 3 and 4 of section 1 on Evidence that will be applied in next deliverable on testing phase together with section 2 on Testing.

Nevertheless, WP3 might make small amendments in this tool if needed after reviewing additional documents such as "Criteria to select best practices in Health promotion and chronic disease prevention and management in Europe" suggested by Herta Adams from the European Commission) and "Implementation of complex interventions book chapter on Complex intervention in Health – An overview of research method edited by David A. Richards and Ingalill Rahm Hallberg.

3.2. Final assessment report of D5.1

**FINAL ASSESSMENT REPORT OF THE 1ST COMPONENT D5.1
D5.1: "Crisis and care coordination – Evidence and Recommendation"
1st component of the D5.1(*): "Mapping report"**

**Maria-Dolors Estrada & Vicky Serra-Sutton
WP3 (AQuAS), 14th December 2017**

(*) The 1st component of the D5.1 has two parts:

First part: Mapping report of best practices and recommendations.

Second part: Identification and selection in European countries of models and good/best practice experience of structure and care organization with a focus on the management of behavioural and psychotic symptoms of dementia (BPSD).

Objectives and scope of the evaluation

The objective of the present document of WP3 is to report the advanced assessment of the 1st component of the Deliverable 5.1. This is the second revised version carried out to D5.1 by WP3. The D5.1 is the Evidence report of WP5 and it is titled "Crisis and care coordination – Evidence and Recommendation". The 1st component of the D5.1 (version 09/11/2017) is called "Mapping report" and it has two parts: part 1: "Mapping report and identification of recommendations" and part 2: "Identification, in European countries, of models and good/best practice experience of structure and care organization with a focus on the management of behavioural and psychotic symptoms of dementia (BPSD) and other specific type of crisis".

WP5 on "crisis and care coordination" is led by Nicola Vanacore and Jacqueline Hoogendam. The 1st component D5.1 was written by Italian team (Nicola Vanacore –co-leader-, Ilaria Bacigalupo, Annamaria Confaloni, Alessio Crestini, Alessandra Di Pucchio, Eleonora Lacorte, Flavia Mayer, Paola Piscopo of the National Institute of Health, Italy).

The 1st component being assessed includes a definition and conceptual meaning of crisis and care coordination in the field of dementia and specifically for BPSD, together with a quasi-systematic literature review on crisis and care co-ordination in dementia and an update of ALCOVE JA research on structures and care organization for BPSD. These findings correspond to points 1a and 1c. This report also includes a questionnaire/survey to collect information on best practice models and care organization with a focus on the management of BPSD (point 1d).

Main findings from Evaluation of the 1st component of the D5.1

1. Description of the Evaluation process

The evaluation process carried out to the 1st component of the D5.1 has had different steps. The process started at the beginning of report development as mentioned to potentiate a common understanding and methodological quality criteria.

The formal process of evaluation of the methodological quality threshold and peer review started when the WP5 sent a draft version of this document to WP3 (AQuAS) in January 2017. Later, WP3 applied section 1 of the "Act on Dementia methodological quality tool" focused on the Evidence report related to "literature reviews" and "semi-structured questionnaire, survey and". Three appraisers from WP3 carried out this task independently (Marta Arcas, Vicky

Serra-Sutton and Maria-Dolors Estrada). After that, WP3 team met to reach an agreement of final quality threshold scoring of the “draft evidence-report version”. A “return assessment report” of the 1st component of the D5.1 was sent to the co-leaders of WP5 for their consideration in April 2017. Some months later, WP5 sent to WP3 their first feed-back document including answers to peer review and their position in front of each comment/suggestion (August 2017) made by WP3 to improve the preliminary evidence report of WP5.1 and, finally, a working dinner took place in Lyon between WP5 (Nicola Vanacore and Eleonora Lacorte) and WP3 (Maria-Dolors Estrada and Vicky Serra-Sutton) just before the last PB meeting in September 2017 as a feed-back meeting. The 1st component of the D5.1 was not approved from WP3 point of view or the PB members because even if sound and valid process was undertaken and review was robust the report need to improve the clarity and improve clear formulation of results, conclusions and recommendations. After that face-to-face feedback meeting, a final version of the 1st component of D5.1 from WP5 was sent to WP3 in November 2017 without tracked-changes. A second review has been made by WP3 and a final assessment report has been made. WP3 is expected that after some changes have been done in the 1st component of the D5.1 “Mapping report” this will be considered as final to be published in Act on Dementia website.

2. Results of advanced version assessment (first review)

WP3 applied part of the section 1 of the Act on Dementia methodological quality tool. In particular, the composite item 1-literature review of the domain 1-evidence due to the other evaluable features (domains) were out of the scope of the 1st component of the D5.1 such as description of best practice selection or implementability considerations before the testing phase.

Results of advanced version analysed showed that the draft of the 1st component of the D5.1 is sound and valid in general methodological quality terms (score 5/7).

As mentioned, most of WP3 comments were related to clarify and improve the description of the process of the quasi-experimental literature review and the survey to collect information of best practices on crisis and care coordination across Europe and carry out a better integration of an enormous amount of key results, formulated clearer conclusions and recommendations related to findings. Even if an effort has been made to improve the description of the process and findings in the new version of the report, a final effort was recommended to increase clarity of process and integrate results. Structure including tables and figures, making a synthesis of results and key findings were recommended to increase clarity. Also, a better integration of methods and findings from each part of the report to help understand the whole goal of WP5 and its implication towards advancing in the knowledge of best practices across Europe is needed. Tables describing evidence according to type of studies could help readers interpret the type of evidence obtained and main benefits/outcomes from best practices identified in the literature and through the survey.

3. Results of final version assessment (second review)

3.1. At specific level

Scope and aims

The 1st component of the D5.1 describes its aims at the end of "contents of the report" section and its scope in the "Introduction" section.

About the aims, these are clear and precisely described the only suggestion for improvement is to place them at the end of the Introduction section.

From WP3 point of view, the current version of the document has too many sections dedicated to present the content of the report and this introduces a little confusion. We are referring to the “preface” and “contents” of the report (first, in a narrative way, then a summary and a figure). WP3 considers that preface could be a perfect place to describe the structure and contents of the present deliverable. The summary would be preferably used as an executive summary of this component of the D5.1. WP3 would suggest to add a further description related to the “new questionnaire to report good & best practice of the 10 countries...”, WP3 does not clear completely understand this point 1d in the summary (box 1) and recommends that NICE reference be avoided because it is a summary and introduces a little confusion.

About the scope of D5.1 evidence report, point 1a on definition of crisis and care coordination is described in the Introduction section of this report, and WP3 considers it was developed as the rest of points/aims (1b-1d). WP3 understands that the objective of this was to establish a common definition on "crisis" and "care coordination". From WP3 point of view this aim/ section is the first finding of the "mapping report". According to this, the first part of this first component of D5.1 should be point 1a "Definition of Crisis and Care Coordination" and following the same structure of current parts II & I with method, findings and conclusions. Although the review was not systematic in this point, some additional information about the number or types of retrieved documents would be needed.

After reading the point 1a in the box 1 and in the second paragraph of the page 8, reader would expect some key questions, economic perspective and so on, in addition to the definition of crisis and care coordination. WP3 understands that WP5 applied the NICE method for establishing a common definition but there is not much information about NICE approach/method and the message is a little confusing. WP3 asks why the nursing is the only healthcare providers' perspective described in the penultimate paragraph in the page 10.

The introduction section justifies the need of developing the WP5 aims although in a very brief way. Additionally, but from WP3 point of view, there is more need about the Act on Dementia Joint Action as a whole project. Currently, there is much more information about the ALCOVE project. In addition, how this evidence report will contribute the next testing phase.

Method

Search strategy: Regarding point 1a (definitions of crisis and care coordination), there is not information about searched databases neither period of the searches. WP3 considers to report about this kind of details is a sign of methodological rigor.

About point 1b (review on crisis and care coordination on dementia), except information about search period, databases and search strategy is available and clearly described.

About point 1c (update of ALCOVE), there is all relevant information about search strategy, except the period of searchers.

Study selection: Regarding point 1a, the type of included documents is clear enough.

About point 1b, eligibility criteria and the process for their application are clear. The flow chart is very useful (be careful, there are at least three figures 1 in this deliverable, need to renumber figures). In addition, to add information about the volume of literature in this field it is also useful because the comparison to the update Alcové chart (point 1c) is possible to be made. WP3 asks if the extraction templates were available, WP3 would suggest including the template in a new annex.

About point 1c, even if this section is a replication of approach from the ALCOVE Joint Action,

it is important to describe the eligibility criteria.

Semi-structured questionnaire/ survey: part 2 of the 1st component related to the survey, the participants are described, together with the response rate and how the data was collected. In addition, there is clear information about what information about how was collected to the 10 countries that in previous survey had been reported the presence of experience of good/best practice in care coordination and/or in management of any type of crisis, including BPSDs.

Results

Description of results: Regarding point 1a, the findings are described in a narrative way although, WP3 would expect a little more detail about the retrieval materials. Point 1a, section "a" introduces some common elements to the Introduction section. WP3 asks if it is needed. It sounds a little redundant with information already described at the beginning of the document. Also, WP3 considers that a brief introduction describing the intervention (e.g.: care management and so on) should be added before the included studies are described.

Regarding point 1b, there is information about the description of the analysed and included literature (design and number of studies included) and about their main findings. There is a summary of evidence on which the recommendations are based in a narrative way. The number of documents analysed in the groups a, b and d is different to the previous document (24th of January 2017). WP3 considers more information about what the exclusion criteria are and reasons for excluding documents as a considerable amount of included papers are considered when the recommendations are formulated.

Regarding point 1c, there is information about the included studies and their main findings in a narrative way. The references are described first and before the study design. This is different from point 1b.

Points 1d (survey), the results are presented in a narrative and graphic way. The only consideration is to use a high quality image /graph and adequate size for a clear visualization. In addition, a brief information about how to interpret the figure is needed. Regarding the description of experiences (10 countries), there is so much information that it is difficult to manage and understand all in a correct and precise way. Currently, there is a synthesis table (page 46) and complete information in the Annex 3 of the first component of the D5.1. However, in the synthesis table, mention to some annexes (3a-3f) is made but these are not available in the present version of the deliverable. In the first draft reviewed by WP3, there was the annex 3 (January 2017) with survey (annex 3.1) and all findings. It is very important; all the components mentioned in this deliverables are in the deliverable or a clear link to them.

Integration of results: The process up to get final definitions as well the agreed definitions about crisis and care coordination are h clear and well integrated in this version of the report (point 1a).

Regarding point 1b, there is not a clear integration of results among findings of this section as part of the grouping according the area of interest.

Point 1c mentions that the update carried out led to an update of 5 of the 14 recommendations of ALCOVE on BPSD but there is not any kind of information about the reasons for this. Point 1d, the results related to the survey are well integrated as WP3 mentioned above. In the case of the experiences (10 countries), synthesis table is useful to interpret findings. Nevertheless, some additional synthesis has to be done and a clear link between this findings and the next phase of the project, testing/implementation phase.

Conclusions

About point 1a, there is a clear definition about crisis and care coordination.

About point 1b, a set of conclusions are available (a1-a3) but this section is not available in “b, c and d” sections. Conclusions are made at individual level taking into account conclusions from each relevant paper. WP3 would suggest a more elaborated discussion or general key findings/conclusions.

Point 1c, there are not any conclusions. There should be included from WP3 point of view.

Point 1d, there are clear conclusions related to survey. However, a set of conclusions should be done in relation to 10 countries experiences.

Limitations should be added in general and specific terms of this report.

Recommendations

About point 1a, there are no recommendations about this point.

About point 1b, a part from a1 and d1 that are clear recommendations (for action) according to WP3 point of view, the rest of recommendations are conclusions (a2, a3) or a description of the intervention (c1); in some cases, due to the lack of solid results no recommendations are formulated (b1-b4). More explicit recommendation of WP5 team should be described in the context of evidence to practice and implementation (testing phase). To sum up, which the evidence useful for the next steps is.

Furthermore, the references are located differently in the recommendations sections. Some times as a footnote and others within the text of the recommendations. WP3 does not understand why sometimes fewer references than the described total amount of included/described studies (for example systematic reviews). Some description of the year of publication is needed (see box b in page 26).

Point 1c, a set of update ALCOVE recommendations is available. However, there is not any information about how they were updated and who participated in this process of update. If WP3 understood well for instance recommendation e5 updates the ALCOVE recommendation number WP6.10. It is very important from WP3 point of view to compare these five recommendations with the sets in the point 1b. Here, point 1c, the recommendations are correctly formulated because all are actions using “should be” (e1, e3, e4 and e5) or formulated as a statements (e2).

WP3 considers it would be very useful to include an appendix with all the recommendations of the 1st component of the D5.1 and it should be also linked and described in the text of the report. WP3 does not understand how the results of WP5 survey were considered in the formulation of the recommendations because the recommendations have been written in sections before the part 2 of the 1st component of the deliverable. As WP3 mentioned above, it is very important to describe what a recommendation means in this document and the meaning of the references included and specially how Evidence report from D5.1 contribute to the next steps of the project

WP3 asks if conclusions are enough for survey section (point 1d) or some additional kind of recommendations should be added in general terms, for instance. The same point forms the synthesis of 10 experiences.

Other issues

It is very important to describe clearly the authorship of this report and the level of involvement

of the partners and collaborating stakeholders (preface only says the members of the WP5 and acknowledgement to the survey participants). It is also important to date the report at the first page. As in the rest of deliverables from Act on Dementia Joint Action, WP3 asks to include mention to WP3 (AQuAS team: Maria-Dolors Estrada, Vicky Serra-Sutton and Maria-Marta Arcas) as peer reviewer and external evaluator of the methodological quality of D5.1.

In relation to point 1a, WP3 recommends to describe clearly how annexes 1a, 1b and 1c are related to "scope" that were included in the reviewed version of the D5.1.1 (sent by WP5 in the 24th January 2017). WP3 considers that once WP5 team makes clarifications in the first component of the D5.1, these three annexes could be grouped as a unique annex for the point 1a "Definition of Crisis and Care Coordination".

In relation to point 1b, WP3 considers unnecessary the first paragraph on page 15. A similar paragraph is included in section 1c.

Because of the assessment of the first component of the D5.1, WP3 paid attention about some features related to its format and style of writing: use of bold letters, figures of high quality and an adequate size for instance. There is enough abbreviation in the report for having a list of this.

WP3 considers that the complete list of references is needed. Now there are 49 references were included.

3.2. At a global level

Final assessment of the final version of the 1st component of D5.1 shows that this deliverable has improved a little its quality in comparison to the previous advanced version (from 5/7 to 5.5/7) (**Table 3.2**). Nevertheless, some final efforts are asked to be made to the document to improve clarity and robustness, specially as the process is sound and valid and it will be public on Act on Dementia JA website and can be a reference for many stakeholders.

The strength points of the report are methods and description of evidence (results). Their areas of improvement are particularly recommendations and a more integration/ synthesis of results and specially, their use in the context of Act on Dementia Joint Action and future steps of the project. Some changes should be done to integrate of results in particular in the synthesis of experience in 10 European countries and making conclusions in some section of the report. In addition, to improve clarity of scope/aims and what the first component of the D5.1 contributes for the next step of the project, in the testing/implementation phase.

Table 3.2. Final assessment of the final version of the 1st component of the D5.1

Final version of the 1 st component of the D5.1		A quality final score*
1.Scope and aim		++
2.Methods	2.1 Search	+++
	2.2 Study selection	+++
	2.3 Questionnaire/Survey	+++
3.Results	3.1. Description of evidence	+++
	3.2. Integration of results	+
4.Conclusions		+
5. Recommendations		+
Report 1 st component of D5.1 as a whole**		5.5/7

*high (+++), mid (++) and low (+)

**1-7 points, 7 highest quality

Areas of improvement based on final assessment

WP3 would suggest that the aims of the 1st component of the D5.1 should be located at the end of the introduction after a preface explaining the authorship and the structure and content of this report. After this, the executive summary could be added clarifying the contribution of the 1st component of the D5.1 to the WP5 aim as a whole as well some details about next deliverables (2nd component of the D5.1 and the others D5.2) and how they will be contributing.

It is also fundamental to clarify the doubts/comments related to conclusions and especially recommendations.

For the WP1/WP2: To reach a common image, WP3 suggests establishing a standardized format of reports from Act on Dementia. At least, core reports. If this is not able to apply in the first set of deliverables (Evidence reports), it will have to be possible in the second set of deliverables (Testing reports). Perhaps, a specialized company/consultancy in improving communication efficiency could help in improving clarity and easiness in reading for external potential readers.

Limitations of the assessment and corrective actions

WP3 (AQuAS team) developed a checklist “Act on Dementia methodological quality tool” to evaluate the level of methodological quality threshold of deliverables. It was inspired in the AGREE II tool developed to evaluate the methodological rigor and transparency of clinical practice guidelines but also took into account the specific methodology of this JA “Act on Dementia”. This methodology implies going beyond classical evidence based approaches in the selection and description of evidence, because best practices models have to be identified and then implemented. WP3 understands that due to the fact of complex interventions and their benefits and risks been measured to help draw a best practice model, it has been a challenge to propose and agree on the best criteria to evaluate the methodological quality of these Evidence reports. The application of the section 1 (Evidence) to the 1st component of the D5.1 has shown some limitations. In particular, due to mismatch between the content of the 1st component of the D5.1 and the domains of the applied section designed by to a full Evidence report. This means from Evidence to best practice model implementability and

related issues (not implementation). Nevertheless, WP3 has adapted the process of evaluation of this specific 1st component of the D5.1 to its final content proposal. In other words, WP3 has only applied items related to domain 1 but not domains 2, 3 and 4 of section 1 on Evidence that will be applied in next deliverable on Testing phase together with section 2 on Testing.

Finally, WP3 might make small amendments in this tool if needed after reviewing additional documents such as “Criteria to select best practices in Health promotion and chronic disease prevention and management in Europe” suggested by Herta Adams from the European Commission) and “Implementation of complex interventions book chapter on Complex intervention in Health – An overview of research method edited by David A. Richards and Ingalill Rahm Hallberg.

3.3. Final assessment report of D6.1

**FINAL ASSESSMENT REPORT OF DELIVERABLE D6.1-part one
“REPORT ON QUALITY IN RESIDENTIAL CARE – EVIDENCE AND
RECOMMENDATION”
(advanced version 2)**

**Vicky Serra-Sutton & Maria-Dolors Estrada
WP3 (AQuAS), 19th November 2017**

Objectives and scope of the evaluation

The objective of the current document written by WP3 is to report the draft of assessment of the Deliverable 6.1-part one (advanced version), first component of the Evidence report of WP6 titled “Quality in Residential Care -Evidence and recommendation-” (version 2 12/November/2017).

The D6.1-part one has two parts: part I titled “Behavioural and psychological symptoms of dementia (BPSD) and its management in residential care” and part II titled “End of life care in people with dementia”. The D6.1-part one was edited by Øyvind Kirkevold (WP6 leader) of the Norwegian National Advisory Unit on Ageing and Health, Vestfold Hospital (Norway), and written and reviewed by Øyvind Kirkevold in collaboration with the associated partners and the other collaborating partners of the WP6. Some sections of the part I of the D6.1-part one were written by external experts (“Information about Person Centred Care” by Anne Marie Mork and, “Literature review on the End of life care in people with dementia” by Bettina S. Husebør [part II]) or in collaboration with external experts (“Actions targeting prescription of antipsychotic medication” by Catalina Tudose and Yannis Tountas). Part II of the D6.1 was written by Øyvind Kirkevold in collaboration with the Norwegian work group.

The Deliverable 6.1-part one is focused on the quality of residential care for people with dementia and it has four aims: 1) to describe the importance of Person Centred Care as a fundament of good quality of care and to prevent BPSD; 2) to describe the evidence for non-pharmacological approaches to BPSD and give recommendations for best practice in residential care; 3) to describe the evidence for proper use of antipsychotics in the treatment of BPSD and to give recommendations for best practice in the prescription of antipsychotics in residential care for persons with dementia; and 4) to describe the evidence for best practice in end-of-life care for persons with dementia, and give recommendations for how to provide end-of-life care in residential settings. The second part of the D6.1 will be a translation of the evidence based recommendations formulated in the D6.1-part one into actions in practice. This second part of the D6.1 will be delivered together with a plan for how to test it in residential



sites. Both of these document, D6.1-second part & implementation plan(s), are related to the Testing phase of the JA DEM 2 “Act on Dementia”.

Main findings from Evaluation of D6.1-part one

1. Description of the Evaluation process

The evaluation process carried out to the deliverable 6.1-part one has had different. The process started at the beginning of report development to potentiate a common understanding and criteria of methodological quality criteria of all core deliverables within Act on Dementia Joint Action. The formal process of evaluation started when the WP6 sent an advanced version of this document to WP3 (AQuAS) in July 2017. Later, WP3 applied section 1 of the “Act on Dementia methodological quality tool” focused on the Evidence report related to “literature reviews”. Two appraisers from WP3 carried out this task independently (Vicky Serra and Maria-Dolors Estrada). After that, a WP3 meeting took place aiming to reach an agreement of final quality threshold of the “advanced evidence-report”. Because of this, the “Return Assessment report Deliverable 6.1” was sent to the leader of the WP6 for his consideration in July 2017. Two months later, a face to face short meeting was carried to clarify general evaluation on deliverable 6.1 in the Programme Board meeting in Lyon (September 7 July, 2017). A feedback teleconference meeting between WP6 and WP3 took place by online using Webex platform (22nd September 2017). After this activity, a second version of D6.1-part one with a feedback document from WP6 was sent to WP3 in November 2017. A second review has been made by WP3 and a draft of assessment report has been made. As WP3 has detected the need of changes, some of them fundamental from WP3 point of view, a new version is expected of the D6.1-part one in order to consider it as final (approved from evaluation point of view). The assessment will be discuss during face-to-face WP6 meeting in Paris (19th November 2017). WP3 offers to help to WP6 including track-changes (proposals) in the word version of the D6.1-part one. It is expected that after this some revision of WP2, this Evidence report of WP6 will be published in Act on Dementia website.

2. Results of advanced version assessment (first review)

WP3 applied part of the section 1 of the Act on Dementia methodological quality tool. In particular, the composite item 1-Literature review of the domain 1-Evidence, and some composites items (5-7)¹ of the domain 4-Best practice model implementability due to the other evaluable features (domains) were out of the aims of the Deliverable 6.1-part one.

The huge effort made by WP6 team in answering 4 above mentioned aims by a multidisciplinary team in a participatory approach has been overseen in the Advanced version of D6.1-part one. WP3 does not doubt of the validity and soundness of the work done by WP6. Nevertheless, WP3 considers that some changes should be still made to gain clarity, transparency and credibility of an interesting and innovative report.

In this sense, a conceptual approach of good dementia care from the perspective of patient centred care is described together with a summary of evidence from interventions to manage BPSD, including models to understand, non-pharmacological and pharmacological interventions. Finally, key considerations on how to manage end-of-life issues in people with dementia in residential care settings are also described. The global methodological quality of D6.1-part 1 is 4/7. Changes suggested to a previous version of D6.1-part 1.

¹ Item five-The recommendations are specific and unambiguous; item 6-The different options for management of the health issue are clearly presented, and item 7-Key recommendations are easily identifiable.

WP3 suggested some changes to improve the easiness of reading and understanding of the advanced version of the Deliverable 6.1 part one: an unique, clear and precise introduction (including information about the context of Act on Dementia Joint Action and how this Evidence report will contribute to new knowledge and globally to this project, advances from ALCOVE Joint Action, definitions of residential care and the reasons to measure the quality of residential care and the BPSD perspective -justification-; and also the importance of explicating the aims -objectives-) at the beginning of the report; as the document has been developed by several authors in parallel, more description of the methods approached to answer each aim of the project was asked to be described. A clearer flow from search to findings and description of the evidence found in the systematic searchers and non-systematic searches of key literature, and how this evidence moved to "conclusions for implications in practice" and "recommendations" WP3 also suggested the importance of preparing an executive summary and to maintain the same structure in all chapters of the report as well the headings and subheadings.

3. Results of advanced second version assessment (second review)

3.1. At specific level

Scope and aim

Introduction and justification of the D6.1-part 1 has improved: description of context of the evidence report within Act on Dementia Joint Action has been taken into account, relevant concepts have been clarified such as the implications of quality of residential care or BPSD, or how this report updates from ALCOVE.

A summary has been included in the D6.1-part one and it is clear and precise describing main findings. However, it needs to be a more structured summary including introduction and aims, methods, findings, conclusions and recommendations.

The D6.1-part one explains in several parts of the report (preface, introduction, methods and parts II and I) what its structure is. From WP3 point of view the preface is where the structure should be explained once, as well a brief overview about the content of the D6.1-part one (preface should not be neither an introduction nor an executive summary). This should include the approach related to each aim (for instance, aim 1 will be answered as a consensus document/ positioning of experts / state of art; aims 2 and 3 with a literature review (more or less exhaustive, more or less systematic); and aim 4 with a literature review/state of art (more or less exhaustive or systematic).

Current D6.1-part 1 has a method chapter and Appendix 1 with some details about methods applied and main findings on evidence documents retrieved and in some cases included studies. As you explicit, four clear aims are formulated that, have different methodologies and also different findings/evidence, conclusions and recommendations. WP3 suggests to eliminate the general method section (pages 24 and 25) and to create a specific section for each aim.

WP3 considers that the following items should be included in this new section of specific methods for each aim in a narrative way: general approach as mention above (consensus document /positioning of experts and so on), databases or information sources, period of time of each search, selection criteria (inclusion and exclusion), languages and type of documents included. WP3 suggests to maintain in Appendix 1 the systematic searches for reproducibility of these searches in the future without the description of the number of publications identified or included in each specific literature review (WP3 considers the latter as a finding). The latter "description of included studies" should be included in a paragraph at the beginning of findings of each aim. In the case of aim 1, WP3 recommends to reinforce the description of approach

including strengths such as the multidisciplinary group, their profiles, institutions, cultural backgrounds and key literature being identified and agreement of key issues.

In some cases, findings from evidence step to recommendations without a discussion and sometimes contradict the evidence. As many findings are described and have health practice/clinical management implications, and potential risks or benefits (meaning consequences for people with dementia's health depending on the management option), it is fundamental to explicit how you have reach the recommendations in method (in each aim). WP3 recommends after "clinical evidence" or "findings" to summarize the key findings in a box (similar to page 44), then conclusions and separate recommendations according to action, research, care management, care improvements, managements issues, policy issues, etc.

The D6.1.-part one has some summary evidence tables. However, these tables do not include the same format and take into account if all are adequately referenced in the text. Furthermore, the content of narrative evidence is not always included in the tables summarizing the evidence. This fact makes the reading a little confusing and makes the findings less credible. Additionally, in some table's grade and strength of evidence are reported but there is no mention or clarification about these concepts. We suggest table 4 as standard for summary evidence tables.

Finally, the D6.1-part one has conclusions in aims 2 and 3 but not in aims 1 and 4. All sections answering the aims should include some main conclusions and perhaps make explicit the relation with the next step of D6.1-part one, the D6.1-second part.

Method

WP3 considers that due to the extensive work carried out by WP6 team and collaborators, and specially due to the need to increase relation of evidence to strategy when benefits/ risks are stated for models to approach BPSD, and specially the evidence obtained from non-pharmacological and pharmacological interventions a further brief description of methods as mentioned above should be included by each section. In this sense, readers of the D6.1-part one (that will be public), will be able to differentiate when the evidence comes from grey literature /expert group experience "positioning", literature reviews that follow in different cases, a more or less the steps of a systematic approach.

Search strategy: as WP3 mentions above, several databases have been consulted and the search terms are included in an appendix that shows the evidence has been obtained in a systematic way.

Study selection: as WP3 mentions before, as no explicit inclusion criteria or exclusion have been completed described, it introduces important bias and lowers the validity and credibility of these entire interesting and relevant document. Efforts to improve how evidence was included, from which sources, which documents were included and their quality would make document more clear and straightforward.

Results

Description of results: The subject is complex and there are many results. Trying to integrate evidence from clinical, medical, health service research, ethics, sociological and psychological perspectives (social sciences way we mean), is challenging.

WP3 proposed as made for D7.1 to describe benefits/ risks of the different models and interventions according to different stakeholders. We consider this comment relevant for the report of WP6.

From WP3 point of view, some figures and additional tables could be added to increase summaries of findings. Guidelines and systematic reviews included by aims should be included in appendices.

Integration of results:

Even if a huge effort has been made to integrate results, WP3 considers that due to the lack of description of included and excluded studies at the beginning of each section makes the text confusing.

A final consideration, the concepts level of evidence, strength, low or high evidence is given for granted and that it is commonly understood by any kind of reader. It should be clarified what the meaning is of these terms. WP3 suggested to WP4 to include more clarification of the term “low evidence based” adding the following text: “The most robust study designs to clarify the causality relation between a health intervention and benefit/risk are well conducted and robust quantitative randomized clinical trials. In the case of D4.1 not only clinical, health issues are been taken into account but also ethical, sociological and psychological context issues and complex interventions are been measured, other study designed have been included even if the strength and level of evidence are lower to attribute casual interaction between the complex intervention been studies and benefit/risk”.

Conclusions

In some cases conclusions are made and other directly recommendations. WP3 considers fundamental to include a summary of main findings, followed by conclusions and perhaps “gaps in knowledge”.

Recommendations

WP3 suggests as mentioned above, to classify recommendations according to actions, further research needed (gaps), management of BPSD, care implications, management or policy.

Other issues

The D6.1-part one has disclaimer. WP3 considers this is a common point to discuss and agree so all the documents are equals to this aspect.

To reach a common image by WP1/WP2, WP3 suggests establishing a standardized format of reports from Act on Dementia. At least, core reports on Evidence (WP4 to WP7). If this is not able to apply in the first set of deliverables (Evidence reports), it will have to be possible in the second set of deliverables (Testing reports).

3.2. At a global level

Even if the advanced second version of the D6.1-part one in general is sound, relevant and valid (global score: 5/7) (**Table 3.3**), this deliverable needs to make some changes to improve its global quality threshold. WP3 considers that doing this last small effort would increase transparency, credibility and strength of recommendations taking specially into account that this document to be published and expected to have an impact in this innovative field from WP3 point of view.

Table 3.3. Draft final assessment of the advanced second version of the D6.1-part one

Advanced second version of the D6.1-part one		A quality final score*
1.Scope and aim		++
2.Methods	2.1 Search	++
	2.2 Study selection	+
3.Results	3.1. Description of evidence	++
	3.2. Integration of results	+
4.Conclusions		+
5. Recommendations		+++
Report D6.1-part one as a whole**		5/7

*high (+++), mid (++) and low (+)

**1-7 points, 7 highest quality

Limitations of the assessment and corrective actions

WP3 developed a checklist “Act on Dementia methodological quality tool” to evaluate the level of methodological quality threshold of deliverables. It was inspired in the AGREE II tool developed to evaluate the methodological rigor and transparency of clinical practice guidelines but also took into account the specific methodology of this JA “Act on Dementia”. This methodology implies going beyond classical evidence based approaches in the selection and description of evidence, because best practices models have to be identified and then implemented. WP3 understands that due to the fact of complex interventions and their benefits and risks been measured to help draw a best practice model, it has been a challenge to propose and agree on the best criteria to evaluate the methodological quality of these Evidence reports.

The application of the section 1 (Evidence) to the D6.1-part 1 has shown some limitations. In particular, due to mismatch between the content of the D6.1-part 1 and the domains of the applied section designed by to a full Evidence report. This means from Evidence to best practice model (not implementation). Nevertheless, WP3 has adapted the process of evaluation of this specific D6.1-part one to its final content proposal. In other words, WP3 has only applied items related to domains 1 and 4 partially but not domains 3 of section 1 on Evidence that will be applied in next deliverable on Testing phase together with section 2 on Testing.

WP3 has the intention to include small amendments in this Tool after reviewing additional documents such as “Criteria to select best practices in Health promotion and chronic disease prevention and management in Europe” suggested by Herta Adams from the European Commission) and “Implementation of complex interventions book chapter on Complex intervention in Health – An overview of research method edited by David A. Richards and Ingalill Rahm Hallberg, specially in relation to the criteria applied in selecting best practice models

3.4. Final assessment report of D7.1

**FINAL ASSESSMENT REPORT OF DELIVERABLE D7.1-first component
D7.1: “EVIDENCE REPORT DEMENTIA FRIENDLY COMMUNITIES”
1st component of the D7.1 (*): “Evidence review of Dementia Friendly Communities”**

**Vicky Serra-Sutton & Maria-Dolors Estrada
WP3 (AQuAS), 5th of January 2018**

(*)The D7.1 has two components: D7.1-1st component about “Evidence review” and D7.1-2nd component about “Building on the evidence review, developing a practical tool for testing in pilot sites”.

Specifically, the first component of D7.1 includes an evidence report on dementia friendly communities (DFC) with a proposal of conceptual definition, benefits, successful factors and barriers to be taken into account when implementing and a DFC, together with a preliminary description of best practice model and indicators.

Objectives and scope of the evaluation

The objective of the current evaluation document written by WP3 is to report the final assessment of the Deliverable 7.1-1st component of WP7 titled “Evidence Review of Dementia Friendly Communities”. Evidence review was subcontracted to Imogen Blood & Associates in partnership with Innovations in Dementia. This report has been developed by Imogen Blood, Stephen Milton (Innovations in Dementia), Ian Copeman, Shelly Dulson, Shani Blumenfeld and Jenny Pannell. The research team includes the support and input of the English Department of Health (Lee McGill as previous WP7 leader and Nicola Hamilton and by David Nuttal and Simon Dowlman, actual co-leaders of this WP7), the Alzheimer’s Society (England), Alzheimer’s Europe, the European Working Group of People with Dementia, Face It Together (FIT) in Bradford, Redditch and Bromsgrove Friends Together, those who reviewed the finished report, Geoff Huggins, Gillian Barclay (Scottish Government, WP1), Frank Hagelstein (Ministry of Health, Welfare and Sport, Netherlands) and all those who contributed to this report through interviews, survey responses or email clarifications. Particularly, the research team includes the support and input of the WP7 partners from Greece (National and Kapodistrian University of Athens) and Bulgaria (Bulgarian Society of Dementia) in developing and advising on the content of this report, specifically the input of Antonios Politis and Shima Mehrabian on the evaluation advisory group and as professional interviewees. Additionally, the research team includes the input of WP3 of the EU JA – Vicky Serra-Sutton, Maria-Dolors Estrada, Marta Arcas (AQuAS) - for peer reviewing the report, evaluating its methodological quality, and ensuring its alignment with an acceptable quality threshold.

D7.1-1st component focuses on the identification of evidenced-based examples of best practices in key aspects for promoting, nurturing and sustaining dementia friendly communities (DFC). It also includes a proposal of a definition(s) of DFC, together with a description of evidence of what good or effective DFC should look like (successful factors) across Europe. Finally, this evidence report includes a preliminary set of indicators to be applied in the testing phase. This product will be the bases to develop a toolkit to aid in the implementation of best practice models in the testing phase (component 2 of D.7.1).

Main findings from Evaluation of D7.1-1st component

1. Description of the specific evaluation process

The formal process of evaluation of D7.1. Evidence report on DFC began when WP7 co-leaders (David Nutall and Simon Dowlman) sent an advanced version in February 2017 to WP3 team.

WP3 applied section 1 of the “Act on Dementia methodological quality tool” focused on the evidence report (mainly considering domain “1” & some aspects of domains “3” and “4” on this checklist. It should be mentioned that each core deliverable includes a common basis, but also some particularities. In the case of D7.1, it includes a literature review and additional collection of evidence from key stakeholders applying surveys, interviews and discussion groups, so two areas of the domain “1” of the evidence section of the quality tool where applied: “literature reviews” and “semi-structured questionnaire, survey or interview” sections. Consideration to the methodological quality of discussion groups carried out in the case of WP7. D7.1 included this kind of qualitative technique to collect the voices of key stakeholders including people with dementia and their caregivers. Three members of WP3 team carried out an independent evaluation of D7.1 applying this methodological quality tool (Vicky Serra-Sutton, Marta Arcas and Maria-Dolors Estrada). A formal meeting took place aiming to reach an agreement on the preliminary quality threshold and scores and peer review comments on improvement to an advanced evidence report from WP7.

A “return assessment report of deliverable 7.1” developed by WP3 was sent to the co-leaders of WP7 for their consideration in March 2017. WP7 reported that the Department of Health of the English Government had commissioned Imogen Blood & Associates to conduct a piece of work to revise the evaluation report on DFC to respond to the points raised through the evaluation work stream (July 2017). In September 2017, WP7 sent to WP3 their feedback establishing what their position was in front of each comment/suggestion made by WP3. WP7 sent to WP3 the following documents/materials: 1) a revised final D7.1 report (track-changes and clean versions), 2) a table of amendments detailing how WP7 had responded to each comment and considered in the final version of the report; 3) a separate technical report with all the details of report’s methods and executive summary was added.

During the third Programme Board (PB) meeting in Lyon (7th September 2017), the D7.1 was approved by the PB members, pending final revision and final minor considerations. It was agreed to arrange a meeting by teleconference between WP7 and WP3. This feed-back teleconference meeting between WP7 (David Nuttall) and WP3 (Vicky Serra-Sutton and Maria-Dolors Estrada) took place in September 2017. Two members of WP3 team evaluated the final report of each core deliverable independently (Vicky Serra-Sutton and Maria-Dolors Estrada) and agreed on the final scores. WP3 wrote the last final peer reviewing comments and sent to David Nuttall and Simon Dowlman. WP7 sent the final D7.1 to WP3 at the beginning of November 2017 with a track-changes version. The “final assessment report” including the methodological quality threshold of D7.1-1st component closes the peer reviewing activities and evaluation process from WP3 point of view.

2. Results of evaluation of the advanced version

Results of advanced version analysed showed that the draft Deliverable 7.1 was sound and valid in global methodological quality, terms (score 4/7). The basis of evidence report on DFC is a literature review, more based on social sciences perspective than systematic reviews in clinical and health sciences. Additionally, information on DFC across Europe and in other

countries in the world was collected from key stakeholders through surveys, interviews and discussion groups.

A big effort was made from WP3 point of view, developing the report and specially integrating in an adequate manner the findings and drawing the preliminary best practice model, indicators for future testing phase and especially success factors of DFC. Due to the number of findings in the report, WP3 considered that more information was needed to be included on the process and methods and especially on the sources of findings. As the report includes a mixture of methods to answer the four main aims of the report, more justification of the sources of findings integrated in the report were expected to increase clarity and precision. Furthermore, a section of conclusions and limitations was requested, complementing the recommendations made towards the end of the report.

The literature review has followed the steps of a systematic review but is not expected to be a systematic review or exhaustive literature review. In this case, flowcharts with included or excluded studies have not been described among other issues. For this reason, it was recommended to name the approach as “literature review”. In this case, it was considered valid and included robust methodology such as the description of key words, sources of information consulted, included studies and key and sound actual knowledge. The fact of triangulating evidence from other sources, such as the voices of key stakeholders collected from a survey, interviews and discussion groups, increases the validity and soundness of findings and evidence report in general. The process again was recommended to be clearer written in a final version.

It was requested by WP3 to explain the findings by each of the aims in D7.1. Specially structure and organize findings on the benefits of DFC more clearly according to stakeholder and provider groups. A further description of stakeholders consulted and inclusion criteria and reasons for excluding information were requested.

Even if the best practice model was described in the evidence report, WP3 that it should be more explicit when describing the components of the best practice model to be implemented in the next phase of the project together with the next steps of such as the development of the toolkit to aid in implementation of DFC. It also needed to include a further description of the next steps of the testing phase and clearer recommendations and actions facilitating the implementation and scalability. Regarding the proposal of indicators (measures) to be included for the monitoring of best practice models, more details of how these measures were proposed and agreed on in the evidence report were asked to be described.

3. Results of final assessment to evidence report

3.1. At a global level

The global methodological quality score of D7.1 final version is 7 out of 7 (**Table 3.4**).

D7.1. strength points are the clarity of evidence and integrated findings and innovation in finding evidence of a challenging complex community-based intervention/ program. The fact on including benefits of DFC, successful factors, and a preliminary description of components of the best practice model based on DFC to be tested in the next step, barriers and also indicators and clear formulation of conclusions, limitations and recommendations, confers soundness and the highest level of global methodological quality to this evidence report.

Table 3.4. Final assessment of the final version of the D7.1-1st component

Final version of the D7.1		Final quality score*
1.Scope and aim		+++
2.Methods	2.1 Search	++
	2.2 Study selection	++
	2.3. Questionnaire/ survey/ interview	+++
3.Results	3.1. Description of evidence	+++
	3.2. Integration of results	+++
4.Conclusions		+++
5. Recommendations		+++
Report D7.1 as a whole**		7/7

*high (+++), mid (++) and low (+)

**1-7 points, 7 highest global quality

3.2. At specific level

Scope and aim

The final version of the D7.1 has improved substantially in terms of description of its scope and specially related the aims to the findings and conclusions. The context of Act on Dementia JA and justification of the need of WP7 evidence report is clear and straightforward. WP3 considers WP7 team were able to answer the four main aims of the evidence report on DFC: a) to identify evidence-based examples of best practice, b) to propose a robust definition of DFC which can be applied, and makes sense across EU member states, c) to identify benefits and successful factors of DFC and d) propose a set of indicators to be included in the testing of best practice models.

Method

The final version of the D7.1 has improved as more details of the process and fieldwork of each approach to obtain the evidence and integrate finding has been made. In this sense, the literature review has added information on the included studies and the reasons for exclusion and reasons for including or excluding evidence from other sources.

Search strategy: even if the document is sound and more detail has been given, some methodological aspects of the process of the literature review would need to be added to obtain the highest methodological score (e-g: the number of studies from each search strategy of literature identified or more explicit exclusion criteria).

Study selection: the final version of the D7.1 has added information on the process of identification of evidence. Nevertheless, not complete numbers of included and excluded studies and reasons have been described. More information on the excluded data (specially stakeholders included and excluded information) has been added, including a limitation section explaining that by convenience, in consequence more evolved DFC models and experiences have been described in the report to obtain a clear picture of successful factors or their benefits.

Questionnaire, survey/ interview: the final version of D7.1 also included more details of the sampling and selection of participants in the survey to collect the view of key stakeholders. Additionally, and specifically for WP7, the quality of qualitative discussion groups or interviews

were sound, as inclusion and exclusion criteria, number of participants and triangulation of evidence/ main findings with literature review evidence was described. Quoting was followed to support the synthesis of main findings and referenced the profile of participant and source of the evidence in the text.

Results

Description of results is clear and robust. New summary tables have been added and summarize the key findings structured according to key topics and the benefits, successful factors, barriers and conceptual issues of DFC. The findings are rich and sound as several sources to obtain findings have been taken into consideration and are clearly described. In addition, a description of a best practice model, benefits for different stakeholder/provider group and indicators were documented clearly in the final version of the evidence report.

Integration of results: as mentioned before, the findings are described in relation to the 4 main aims of the evidence report on DFC and valid and sound triangulation has been made between the different sources of evidence. Summary tables and figures are key to synthesize the findings in D7.1 that are clearly described. The core of WP7's review is structured around the 'Four Cornerstones' model proposed by Innovations in Dementia. This model identifies four different aspects of DFCs: 'People', 'Place', 'Networks' and 'Resources', with the voices and experiences of people living with dementia running through the centre of each of them.

Conclusions and recommendations

The final version of D7.1 evaluated presents conclusions clearly formulated and related to main findings in the report. Potential limitations and further research needs have also been described. Finally, recommendations for next steps of the project and some consideration to the best practice model component and facilitators and measures have been drawn and contextualized within Act on Dementia global approach.

Areas of improvement based on final assessment

For WP1/WP2: to reach a common image, WP3 suggests establishing a standardized format of reports from Act on Dementia evidence reports. If this is not able to apply in the first set of deliverables (Evidence reports), it will have to be possible in the second set of deliverables (Testing reports).

It would be important to take into account how the toolkit will contribute to facilitate the implementability of DFC in the report on testing.

Limitations of the evaluation and corrective actions

WP3 developed a checklist "Act on Dementia methodological quality tool" to evaluate the level of methodological quality threshold of deliverables. It was inspired in the AGREE II tool developed to evaluate the methodological rigor and transparency of clinical practice guidelines but also took into account the specific methodology of this JA "Act on Dementia". The methodology proposed in Act on Dementia implies going beyond classical evidence based designed clinical studies and approaches in the selection and description of evidence, because best practices models have to be identified and then implemented. WP3 understands that due to the fact of complex interventions and their benefits and risks been measured to help draw a best practice model, it has been a challenge to propose and agree on the best criteria to evaluate the methodological quality of these Evidence reports combining health and social science approaches and disciplines.



As WP7 have taken into consideration evidence from several sources such as literature, surveys and discussion groups and have described preliminary the best practice model to be tested in the next phase of the project, it has allowed applying most expected domains from Act on Dementia methodological quality tool to an Evidence report. This has demonstrated its usefulness and content validity to aid in the evaluation of evidence reports within Act on Dementia JA.

WP3 might make small amendments in this tool to include some additional “criteria to select best practices in Health promotion and chronic disease prevention and management in Europe” and “Implementation of complex interventions book chapter on Complex intervention in Health – An overview of research method edited by David A. Richards and Ingalill Rahm Hallberg based on implementation science.