EVALUATION REPORT OF EVIDENCE REPORTS (D3.2)

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

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Agència de Qualitat i Avaluació Sanitàries de Catalunya

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FOREWORD

This document includes the evaluation of main milestones and deliverables of the evidence phase of Act on Dementia Joint Action (JA) and is the second deliverable of Evaluation work package (WP3).

Evidence phase implies in general terms describing evidence-based best practice models in 4 core areas of Act on Dementia JA. It is important to note, that this evidence phase was expected finish in month 12 (December 2016). This time period has been extended to month 22 (December 2017) due to the delay in the approval of expected milestones and deliverables. Tasks related to testing phase were initiated approximately in month 15. Taking into account this extension, the period covered in this report based on the evaluation of the evidence phase was month 1 (March 2016, kick-off meeting) to M22 (December 2017).

In **Figure 1** below a description of the strategic aim and key areas covered in this JA followed by the main evaluation tasks and related milestones and deliverables are described to situate what is being assessed in this current report (in red colour) and offer additionally a global view of evaluation within the project. Appendices of the Evaluation report of evidence reports (D3.2) are available in a separate document.

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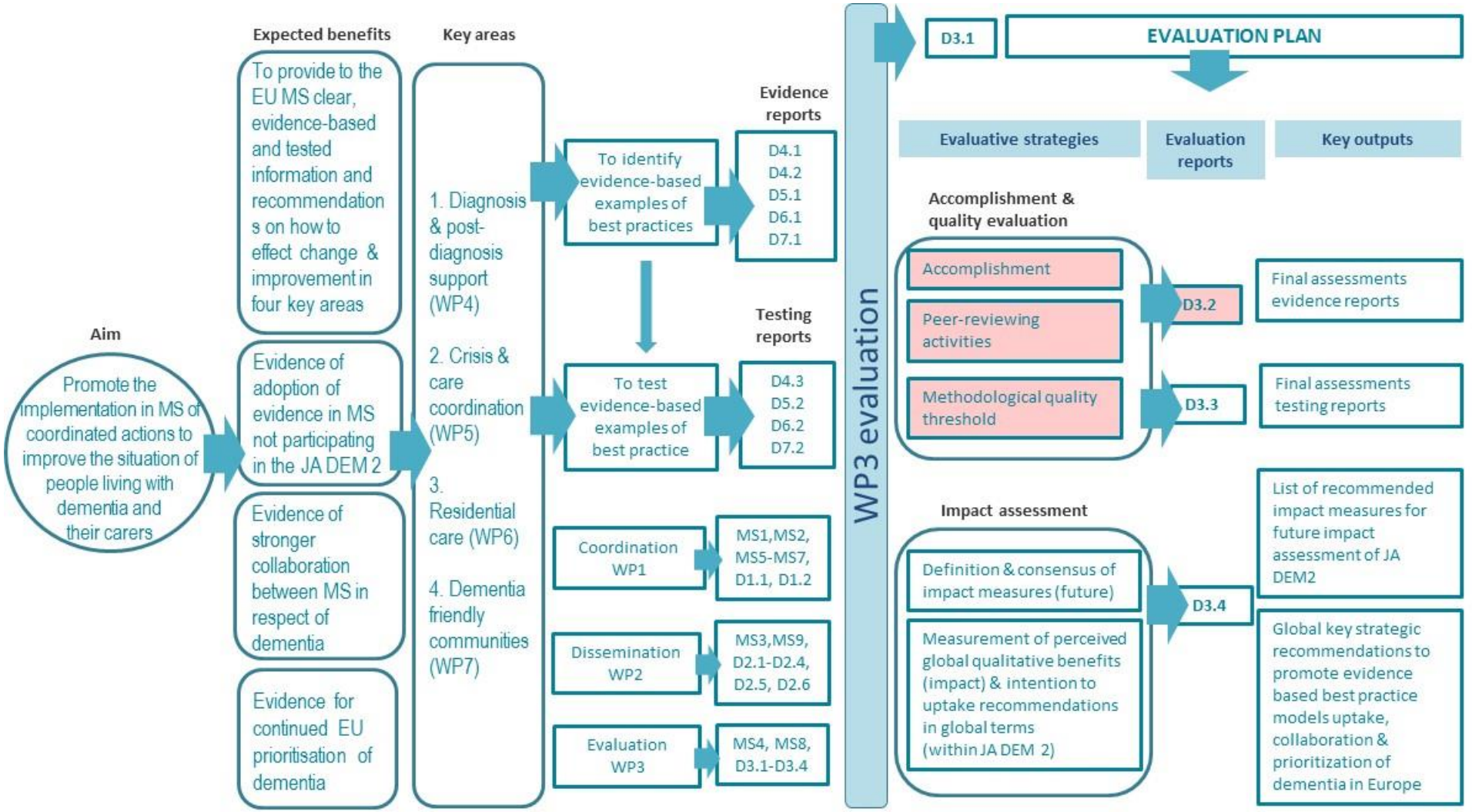

Figure 1. Description of aim, expected benefits, key areas, evaluation approach and key products in Act on Dementia JA

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JUSTIFICATION AND OBJECTIVES

The Joint Action (JA) on Dementia 2 “Act on Dementia” (2016-2018) global aim is to promote the implementation in Member State of coordination actions to improve the situation of people living with dementia and their carers. The JA is divided into two phases of work: “Evidence” and “Testing/Implementation”:

- **Evidence phase** aims is to identify relevant evidence of best practice models in four key areas: diagnosis and post-diagnostic support for people living with dementia/neurocognitive disorders (NCD) (WP4) led by France-Universite Lyon 1 Claude Bernard; crisis and care co-ordination (WP5) co-led by Italy-National Institute for Health and The Netherlands-Dutch Ministry for Health Welfare and Sport; quality of care in residential care (WP6) led by Norway-Norwegian Advisory Unit on Ageing and Health; dementia-friendly communities (DFC) (WP7) led by UK-English Department of Health.

- **Testing/Implementation phase** is addressed to test the best practice models selected and to be implemented them in pilot sites to develop a greater understanding of how change can be taken forward in practice and recommendations to gain knowledge in their transferability and scalability.

In addition to the four core WP (WP4-7), there are three transversal ones: coordination (WP1) and dissemination (WP2) led both by Scottish Government and, evaluation (WP3) led by Agency for Health Quality and Assessment of Catalonia (AQuAS). Evaluation of this kind of projects financed by CHAFEA/ European Commission has classically implied the monitoring of accomplishment of key activities, to encourage that goals are achieved an also for accountability issues. A step forward includes peer reviewing activities and also the evaluation of methodological quality threshold of key products. Assuring these points is key to increase credibility, soundness, and transparency of Joint Actions results and recommendations together with reproducibility of the process, in those aspects that work adequately.

Evaluation of tools for decision-making at policy, organizational and clinical and health/social care level is challenging, especially when different professional profiles and disciplines are involved.[1] This is the case, when complex best practices models are being identified and then implemented in pilot testing sites. Multidisciplinary teams and different tools are implied and taken into consideration from the fields of health and social care such as in the case of Act on Dementia JA.

Accountability is key for commissioners and partners implied and especially for citizens. In the last years, there has been an increased interest in evidencing benefits and impacts of projects financed by the European Commission. The basis of evaluation is to increase collaboration and to unite forces towards sharing common strategies and methodologies for implementing effective and efficient care and interventions across Europe.

[1] Muir Gray JA. Evidence-based Health care: How to make healh policy and management decision. London: Churchill Livingstone; 1997.

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To facilitate the implementation of evaluation objectives, an evaluation plan (D3.1) was developed and agreed on. As a consequence of its application, WP3 will be producing three deliverables: D3.2, D3.3 and D3.4. The results presented in this report are the basis of the evaluation of milestones and deliverables from the evidence phase (D3.2).

General objectives

To report the methodological quality threshold of individual WP deliverables and provide support to the production of the Interim report in the evidence phase.

Specific objectives

1. Evaluation of accomplishment of milestones, deliverables and internal WP meetings and quality of the programme Board (PB) meetings.
2. Peer reviewing activities of key documents.
3. Evaluation of the methodological quality threshold of individual WP deliverables.

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METHOD

WP3 team applied different strategies to evaluate accomplishment, peer review and the methodological quality threshold of key products. These activities implied applying indicators to measure accomplishment, giving feedback or applying a formal and semi-structured checklist, the "Act on Dementia methodological tool" and other support material. The definition and application of accomplishment indicators, as well as the design and administration of the methodological quality tools have been carried out by WP3 in agreement with members of the Evaluation Advisory Group (EAG) and PB. Moreover, a continuous evaluation process to reinforce and assure the methodological quality of Act on Dementia products, in particular deliverables, has required a very close collaboration between the co-leaders and their teams with WP3 (AQuAS).

Period

The analysed period in this report covered M1 (March 2016, kick-off meeting) to M22 (December 2017) as mentioned in the forward section, except in the evaluation of the accomplishment of internal meetings, where the period covered was M1-M12. In the case of the evaluation of the quality of PB meetings, two were related to the evidence phase (M6 & M11) and one PB meeting was related from evidence/testing phase (M19). The time frame was extended to the testing phase to take into account important aspects discussed related not only to testing but to the closing of the evidence phase products.

The time period was 10 months longer (M13-M22) than initially expected (M13), as stated before, according to the grant agreement (GA) number 678481 and amendment. It was extended to have a complete picture of the evidence phase, and specially to be able to report on the methodological quality of final advanced deliverables.

Milestones & deliverables evaluated

According to the GA, during D3.2 reported period (evidence phase), 9 milestones and 11 deliverables had to be fully developed including the evaluation of WP3 expected products. The list of milestones and deliverables evaluated are available in appendices of D3.2 (see **Appendix 2**).

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Evaluation of accomplishment of milestones, deliverables, internal WP meetings and quality of Programme Board meetings

A set of eight indicators to evaluate the accomplishment of Act on Dementia JA was prioritised, defined and implemented. Detailed information about measurement of these indicators is available in Appendices of D3.2 (see **Appendices 1** and **2**).

Milestones & deliverables according to their deadlines and main tasks:

To evaluate the accomplishment of milestones and deliverables in terms of their deadlines, as well as predefined main tasks, two indicators were applied taking into account the complete period (M1-M22). Accomplishment of expected deadline implies not only the deadline in GA, but also an approved milestone or deliverable by the PB. **Table 1** shows the type and title of these two indicators.

Table 1. Titles of indicators for evaluating the accomplishment of milestones and deliverables according to deadlines and main tasks

Process indicator (title)	Output indicator (title)
• **Indicator_1:** Percentage (%) of milestones and deliverables that accomplished the expected deadline.	• **Indicator_2:** Percentage (%) of accomplishment main tasks in milestones and deliverables.

WP3 has evaluated the accomplishment using the information described in the GA, its amendment and available in work plans and updates reported by WP team before PB meetings, the interim report (periodic report) and finally, received milestones and deliverables.

Indicators 1 & 2 findings are expressed as percentages (%) and also classified categorically: full compliance, partial compliance and non-compliance. It should be noted that in some deliverables, two components were expected (for example, in the case of D5.1 or D7.1). WP3 scored as “partial” indicators 1 & 2 when one of the two components of an evidence report had been submitted. Also that the first component deliverable included main tasks according to expected. The standards of reference are the following: Indicator_1: 70% of milestones and deliverables completed with no more than 2 months delay in relation to schedule; Indicator_2: 70% of main tasks completed according to GA and its amendment.

Internal WP meetings:

The approach to evaluate the accomplishment of internal WP meetings is based on the application of two indicators, taking into account the period M1-M12. **Table 2** shows the type and title of these two accomplishment indicators.

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Internal WP meetings evaluated were: PB meetings in the case of WP1, Dissemination Advisory Group (DAG) meetings in the case of WP2, EAG meetings in the case of WP3 and internal plenary meetings in the case of core WP (WP4 to WP7) in evidence phase (M1-M12).

Table 2. Title of indicators related to accomplishment of internal WP meetings

Type of meeting	Process indicator (title)	Output indicator (title)
internal WP meetings	• **Indicator_3:** Percentage (%) of internal WP meetings in relation to the expected and according to time schedule.	• **Indicator_4:** Percentage (%) of internal WP meetings carried out according to expected.

WP3 evaluated the accomplishment of meetings using the same information resources as indicators 1 & 2 adding information available in AdminProject (Act on Dementia JA's management platform).

Indicators 3 & 4 findings are expressed as percentages (%) and were re-categorised as: full compliance, partial compliance and non-compliance. The standards of reference are the following: Indicator_3: 70% of meetings carried out in evidence phase according to expected time schedule; Indicator_4: 90% of expected meetings carried out in evidence phase.

Quality of PB meetings:

The approach to evaluate the quality of PB meetings was the application of four indicators, taking into account PB1 to PB3 meetings (PB1; PB2 and PB3) hold between months 5 to 19. In the case of PB meetings the time period of analysis was extended to the beginning of testing phase. **Table 3** shows the type and title of these four indicators.

Table 3. Title of indicators related to quality level of PB meetings

Type of meeting	Process indicator (title)	Output indicator (title)
PB meetings	• **Indicator_5:** Minutes of the PB meetings. • **Indicator_6:** Number (%) of participants in the PB meetings.	• **Indicator_7:** Global satisfaction (%) of participants with the PB meetings. • **Indicator_8:** List of improvement areas and needs related to the PB meetings.

WP3 applied these indicators to evaluate the quality of PB1-3 meetings using the information available in the updates prepared by each WP before the PB meetings and interim report. In addition, information available in AdminProject was considered and also an ad hoc satisfaction and areas of improvement survey was sent to participants. This survey was sent to all participants by email immediately after the PB meeting by WP3 team. One week after, a reminder was made to increase the response rate.

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Indicators 6 & 7 were reported as percentages and indicators 5 & 8 were described in qualitative terms. The standards of reference were the followings: indicator_5: available list of participants, agenda and agreements and clearly reported (minutes) for all participants in PB meetings; indicator_6: at least 70% of participants according to expected (representatives of each WP/partners); indicator_7: 70% of participants are very satisfied or satisfied with the PB meetings; indicator_8 does not have a reference standard because it is an open-based qualitative list.

Peer reviewing activities of key documents

Peer reviewing activities implied reading and revising draft or advanced version of key materials/documents (such as milestones, work plans, surveys, presentations, other dissemination materials) and returning comments and suggestions for improvement to authors and their working teams. This feedback/peer review was considered a strategy to ensure clarity and promote quality of Act on Dementia JA products and key documents.

Peer reviewing activities to transversal WP1 and WP3 deliverables will be carried out such as the interim report (D1.1), evaluation plan (D3.1) and evaluation report of evidence reports (D3.2), without structured tool. In the case of WP3 deliverables, the EAG is responsible for peer-reviewing activities. Finally, PB are in charge of approving final documents before their submission to CHAFEA.

Evaluation of methodological quality threshold

Formal evaluation of the methodological quality threshold of individual WP deliverables using a standard structured tool adapted to methods and approaches been evaluated is key to increase clarity of the process, validity and soundness and transparency of the evaluation. This increases the credibility of each deliverables conclusions and potential reproducibility. In the case of first phase (evidence), it should be taken into consideration that the basis of the project is the collection and analysis of evidence based practices, benefits and formulation of conclusions and recommendations. So, it is essential that methodological quality should be encouraged throughout the project.

For evaluating the methodological quality of individual WP deliverables, a two-step process was followed:

Step 1: administration of the checklist “Act on Dementia methodological quality tool” for each individual WP deliverable and inform on their quality through the “Return assessment report”.

Act on Dementia methodological quality tool: this tool is a checklist with six sections. Each section is focused to a specific deliverable or set of deliverables. In this report (D3.2), section 1 “evidence report” (domain 1_Evidence; domain 2_Participatory approaches and domain3_Best practice model selected) and section 5 “leaflet” were applied. Each section includes a global evaluation score of the methodological quality of each deliverable. The score

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ranges from 1 to 7 (1 implies the lowest possible methodological quality and 7 the highest methodological quality). This checklist additionally allows reporting on qualitative peer-review comments in structured way complementing or justifying the above-mentioned quantitative score. The checklist has some instructions and guidance with the intention to homogenise its administration. More information is available in D3.1 and its appendices (see **Appendix 8**).

Return assessment report: WP3 developed this assessment report to return to co-authors suggestions of improvement and quality assessment after administering the checklist "Act on Dementia methodological quality tool". The return assessment report has three parts: part 1-global evaluation of methodological quality of deliverable and comments or areas for improvement in general terms; part 2-specific evaluation by domains with its corresponding score (1 to 7) and part 3-additional considerations.

The process of evaluation started when the leaders or co-leaders of each individual WP deliverable sent an advanced version to WP3 by email. Feed-back was sent by email and in a meeting by teleconference or face-to-face. Two or three members of WP3 (VSS, MDE and/or MA) administered the checklist and one of them wrote the return assessment report; after that, a revision of the return report was done by all three members of WP3.

Step 2: establishment of the final methodological quality threshold of individual WP deliverables through "Final assessment report".

Final assessment report: this assessment report is defined as a public document to be published in CHAFEA and EU portals and Act on Dementia JA website. It informs of the final methodological quality threshold of each assessed deliverable and summarizes the appraisal process. The global methodological quality threshold is scored from 1 to 7 (7 highest methodological quality). Additionally, several key elements of each evidence reports have been taken into account to summarize the level of methodological quality in qualitative terms ([+++] represents the highest quality and [+] the lowest). The key elements of all evidence reports were: 1) scope and aim clearly formulated; 2) methods clearly and briefly described: 2.1 literature searches, 2.2 study description and inclusion and, 2.3 questionnaires/surveys/interviews carried out; 3) clear description of results: 3.1 description of evidence and 3.2 integration of results; 4 & 5) conclusions and recommendations clearly described and related to findings.

Two people of WP3 (VSS & MDE) carried out the final assessment of an evidence report independently and agreed on the final quality threshold. After this final step, the evaluation process was finished from WP3 point of view. It should be noted that deliverables are approved by members of the PB and then are submitted to representative members from CHAFEA and the European Commission related to this JA.

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RESULTS

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

Accomplishment of milestones & deliverables according to expected deadlines and main tasks:

Indicator_1: Percentage of milestones and deliverables that accomplished the expected deadline

From 9 milestones (MS) expected during the first evidence phase, 7 met completely the deadline (MS1-5, MS7, and MS8) and one partially (MS6: project plans and meeting schedules for each WP). MS9 (draft dissemination plan) was not accomplished. In terms of deliverables, 11 out of 11 presented a non-compliance with the expected deadline (D1.1, D2.1-D2.4, D3.1, D3.2, D4.1, D5.1, D6.1, and D7.1). Draft and advanced versions were presented at different PB meetings but did not get approval in the expected deadline described in the GA.

This represented that 37.5% deliverables[2] and milestones met completely the deadline compliance with no more than 2 months behind schedule. This finding is lower than the expected reference standard established in the evaluation plan (70%).

Indicator_2: Percentage of accomplished main tasks of milestones and deliverables

In terms of milestones, the level of accomplishment between expected and main tasks fully carried out was the following: 7/9 full accomplishment (MS1-5, MS8, and MS9) and 2/9 partial expected main tasks carried out (MS6, MS7). In the case of MS6, project plans and meeting schedules for each WP were not considered complete in all WP in terms of approval and also description of meeting calendar, engagement with an expert group or communication strategy for the management of work within the WP and in relation to the rest of team. In the case of MS7, referring to agendas and minutes of meetings available not all WP fully accomplished this indicator (such as in the case of WP2, WP3 and WP5).

The full accomplishment of expected main tasks within deliverables was met in 4 out of 8 cases (D1.1, D2.1, D3.1, and D4.1). Four deliverables presented partial compliance (D2.2, D5.1, D6.1, and D7.1) and, three were excluded in the formula to compute this indicator as they were in progress in the moment of the formal evaluation (D2.4, D2.3, and D.3.2). Globally, 82.4%[3] expected main tasks in milestones and deliverables were accomplished according to GA, its amendment and works plans. This finding is higher than the expected reference standard established in the evaluation plan (70%).

[2] [(7M + 1M x0.5 + 0D) / (9M + 11 D) x 100]
[3] [(7M + 2Mx0.5 + 4D + 4Dx0.5) / (9 M + 8D x 100)]

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Accomplishment of internal WP meetings:

Indicator_3: Percentage (%) of internal WP meetings in relation to the expected and according to time schedule during M1-M12

During the M1 to M12, twenty-three internal WP meetings were expected. The level of accomplishment was 69.6% (16/23) and thus, similar to the established reference standard (70%) defined in the evaluation plan.

Indicator_4: Percentage (%) of internal WP meetings carried out according to expected

During the same period applied to indicator_3, nineteen meetings were carried out from the expected twenty-three, representing an 82.6% (19/23) of accomplishment. This percentatge was slightly lower than the established standard (90%) defined in the evaluation plan.

Quality of PB meetings:

- **Indicator_5: Minutes available after PB meetings**

The three first PB meetings were analysed in this report, excluding the kick-off meeting. All reported quality minutes including the previous agreed agenda and final list of participants together with main agreements. All minutes are available in AdminProject (WP1-coordination section).

Indicator_6: Number (%) of participants in the PB meetings

In PB1 and PB2 meetings, the percentage of participants according to expected was 93.7 (15/16) and 88.8 (16/18) respectively. In the case of PB3 meeting, this percentage was 68.1 (15/22). Participation in the PB1 and PB2 meetings was higher than the expected 70% reference standard established in the evaluation plan.

Indicator_7: Global satisfaction survey (%) of participants with the PB meetings

The total expected number of satisfaction survey's answers was 46. The global response rate was 34.8% (16/46). From the participants who answered, 13 declared they were very satisfied or satisfied with the PB1-3 meetings, representing 81.2% (reference standard 70%).

At specific PB meetings level the results were:

- PB1 meeting in Edinburgh 7-8th July 2016. The response rate was 60% (9/15) and those who answered, all scored they were very satisfied and satisfied (100%).

- PB2 meeting by teleconference 27th January 2017. The response rate was 18.8% (3/16) and those participants who answered scored they were very satisfied and satisfied (33%).

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- PB3 meeting in Lyon: 6-7th September 2017. The response rate was 26.7% (4/15) and those participants who participated scored they very satisfied and satisfied in 75% of cases.

Indicator_8: List of improvement areas and needs described by participants after PB meetings

Although response rate in the three first PB meetings ranged from 18.8% to 60%, the qualitative feedback made by participants in the section improvement areas and needs of the satisfaction survey were considered key to be considered in subsequent meetings:

Key topics emerged from the opinion of participants who answered the surveys (n=16):

- Structure: more time for discussion (e.g.: proposal to have fewer items in the agenda or make the meetings longer),
- Content: need to improve the collection of participants' opinion to define the agenda and during discussion in the meetings assure focus is made to collect relevant and fundamental issues of the project (even if complex and conflictive).
- Discussion facilitators: more time for reading key materials is requested before the PB meetings.
- Representation of WP/partners in the PB meetings: a full participation is required because PB meetings are the tool to take relevant decisions and approvals within Act on Dementia JA.
- Type of PB meeting: the preference of participants is that PB meetings are face-to-face instead of teleconferences because of higher quality of sound, communication facilities and interaction.

A complete quoting list of comments from the 16 participants to improve and express their needs related to PB1-3 meetings and future PB or plenary meetings is available in appendices of D3.2 (see **Appendix 2**).

Peer-review & methodological quality threshold

Formal evaluation of methodological quality threshold was carried out in five out of eight deliverables (62.5%): leaflet (D2.1) and four Evidence reports (D4.1, D5.1, D6.1 and D7.1). However, only one of evidence reports was an advanced whole deliverable (D4.1 "Report on the benefits and risks of dementia diagnosis"). The remaining deliverables were either advanced versions of a first part of a component (D7.1.1 "Evidence review of Dementia Friendly Communities [DFC]; remaining for evaluation the D7.1.2 "Tool Kit to aid implementation of DFC") or a draft of the first part of a component (D5.1.1 "Mapping report on crisis and care coordination-Evidence and Recommendations"; remaining for evaluation the D5.1.2 "Identification in European countries of models and good best practices experiences of structure and care organization with a focus on the management of behavioural and psychotic symptoms of dementia and other types of crisis") or a draft of part of the whole deliverable (D6.1 "Report on quality in residential care – Evidence and Recommendations").

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The only WP that presented a clear drawing of preliminary best practice model and a proposal of monitoring measures to be implemented in the testing phase in the first evidence report was WP7 (DFC-Department of Health of England, UK). This aspect is relevant for the evaluation process and application of the Act on Dementia methodological quality tool in order to take into account recommendations clearly formulated to increase implementability and transferability of best practices into practice from evidence to testing phase (**Figure 1**).

The extension of the evidence phase to obtain final quality and clear products for publication had an impact on the formal evaluation of the methodological quality threshold of Act on Dementia website (D2.2) in terms of its relevance, readability, content length usability, friendliness and so on as expected final products were not ready to be uploaded to generate content in this website.

It should be noted that WP3 participated in periodical DAG meetings and peer-reviewed different key materials, such to define the branding and development of the website for public facing and closed section to support collaboration of member of Act on Dementia JA. Furthermore, different draft versions of the dissemination plan (D2.3) including a proposal for stakeholder mapping were also peer-reviewed by WP3 including a proposal of stakeholders as partners of Act on Dementia JA. In the case of the leaflet (D2.1), WP3 peer reviewed this document and evaluated its methodological quality threshold. The global score of the methodological quality of the executive dissemination leaflet of Act on Dementia was 6 out of 7. In the case of D2.4 “Interim dissemination report” it was in the process of development in the period of analysis and not advanced enough to be evaluated with the methodological quality checklist by WP3.

Global methodological quality threshold of evidence reports D4.1, D5.1, D6.1 and D7.1 are presented in **Table 4**. All deliverables had a final global quality score equal or above five in a score ranging from one (lowest methodological quality) to seven (highest methodological quality) and all of them have improved their limitations and weaknesses detected in draft version through the peer review and formal evaluation.

Even if all core deliverables presented an adequate methodological quality, some key aspects of evidence reports were more or less detailed and achieved (**Table 4**). An added value of evidence reports in Act on Dementia JA was to have integrated results, clear conclusions and recommendations for the next phase of the project or for decision-making in general terms.

It should be taken into consideration that the goal of evidence reports was to support the drawing and agreement of best practices models and their benefits to be implemented in the testing phase of Act on Dementia JA. This is complex specially, when evidence reports have included a combination of sources of information such as literatures reviews, surveys, qualitative interviews and focus groups. Also, when many results and findings are presented in each evidence report. It should be taken into account that the focus of products and recommendations is mainly to decision-makers, among them to policy makers. This implies that the documents have to be clear, short and focused to describe key main findings, conclusions and recommendations. However, as the approach is evidence-based practice for decision-making at micro, meso and macro level, a robust description of the main aspects to

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achieve methodological quality are described in **Table 4.** These aspects are expected to increase validity, reproducibility, transparency and independency of recommendations.

Table 4. Final assessment threshold of evidence reports at a global and specific level

Deliverables: Evidence reports		D4.1	D5.1.1	D6.1.1	D7.1.1
		Methodological quality threshold*			
1.Scope and aim		++	++	++	+++
2.Methods	2.1 Search	+++	+++	++	++
	2.2 Study selection	+++	+++	+	++
	2.3 Questionnaire/Survey	NA	+++	NA	+++
3.Results	3.1. Description of evidence	+++	+++	++	+++
	3.2. Integration of results	+++	+	+	+++
4.Conclusions		++	+	+	+++
5. Recommendations		+	+	+++	+++
Deliverable as a whole**		6/7	5.5/7	5/7	7/7

*high (+++), mid (++) and low (+); NA: not applicable
**1-7 points, 7 highest quality

The final assessment reports for each evidence report that includes more details of the strengths and limitations and also improvements after the evaluation is available in Appendices of D3.2 (see **Appendix 3**).

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CONCLUSIONS, LESSONS LEARNED AND RECOMMENDATIONS

This final section of the report presents conclusions, lessons learned and recommendations based on the findings presented for the next testing phase of Act on Dementia JA and to be considered when evaluating or implementing similar projects.

Evaluation of accomplishment of milestones, deliverables and all internal WP meetings and quality of PB meetings

Overall conclusion:

The design and the implementation of the evaluation plan appear to be well suited for the evaluation of accomplishment in Act on Dementia JA. The first results appear to be encouraging. More attention, however, should be given to the accomplishment of deadlines and better communication strategies should be implemented within the project to meet all expected goals. Participants seem to request deeper discussion of key points and face-to-face meetings as compared to teleconferences.

Specific conclusions:

The level of accomplishment of milestones and deliverables with their deadlines was lower than the reference standard (70%). Nevertheless, main tasks were accomplished according to GA, its amendment and work plans, scoring higher than the reference standard (70%).

The complexity of evidence reports in terms of identification of benefits of best practice models and a common understanding was expected in this JA by teams and partners. Moreover, as in most similar projects, a slower advance in the first period is expected as in the case of Act on Dementia for these facts. It should be added that teams and partners were getting to know each other or familiar with methods and all these issues have probably limited the accomplishment of tasks and deliverables in the expected deadline fixed in the initial GA.

Level of accomplishment of internal WP meetings was close to predefine standards. Not only in terms of accomplishing the schedule (70%), but also in accordance with the expected meetings during the evidence phase (90%). PB1-3 minutes accomplished quality requirements because they all presented an agenda, list of participants and clear agreements.

Although the response rate was low in general terms, satisfaction of participants with PB1-3 meetings was higher when the meeting was face-to-face than by teleconference.

Lesson learned:

Any kind of task, activity (meetings included) or product should be situated within the GA and its amendment. Indeed, milestones and deliverables should be planned, designed and communicated in that context or based exclusively on their approved work plans. Perhaps the

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initial fixed schedule was not as realistic so adequate scheduling times for this kind of complex projects should be established.

Even if the GA and its amendment are key to carrying out Act on Dementia JA, it is not sufficient in terms of offering enough details to reach a common understanding of what is requested and the methodology to be applied and implies a learning process. Contrarily, it should be mentioned that this issue, favours knowledge sharing, team building and mutual understanding and adapting theory into practice for each WP and their teams. In this sense, it is fundamental the role of PB members and coordination team together with commissioners (CHAFEA and DG SANTE; EU commission) in mitigating these risks, at least overseeing these challenges.

Effective communication is critical for the success of Act on Dementia JA, as it helps avoiding misunderstandings, frustrations and delays. Common sharing of approaches and different perspectives and points of view are challenging and need to be take into account (e.g.: cultural, political, clinical, academic, advocacy, planning, management and so on).

Recommendation 1:

WP3 recommends that the PB/WP1 adopt the appropriate strategies to ensure that the milestones and deliverables are delivered on schedule.

Recommendation 2:

WP3 recommends that communications be strengthened to keep partners informed and engaged in all key Act on Dementia JA activities, especially the leaders of the WP, WP teams and collaborating stakeholders. If possible, more face to face meetings should be established when problems or conflicts arise.

Peer-review & methodological quality threshold

Overall conclusion:

All evidence reports have presented an adequate methodological quality threshold, clarity and usefulness for decision-making at different level of health and social care at micro, meso and macro levels. Their content is the basis for defining the key components of a best practice models in the four key areas: diagnosis and post diagnosis support, crisis and care coordination, quality of residential care and DFC. This fact will increase their potential usability out of the project and above all their credibility. Different sub products are feasible to be obtained for different audiences based on these reports (papers, conferences, policy briefs, webinars, and videos among other dissemination products). The intention to uptake these recommendations by policy-makers and key decision-makers need to be assessed in evaluation of impact of Act on Dementia towards the end of this JA.

All evidence reports have improved their methodological quality threshold after the formal evaluation process. One of the key issues behind the process of evaluation and

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implementation of main tasks of the Act on Dementia JA is an homogeneity process (evidence reports for example) and the need over common brand and although it is still early to draw any conclusion on the impact of the Act on Dementia, the dissemination of evidence phase results is very important and few dissemination actions had been done in this sense. Next testing phase and period of the project is key to make visible the products not only among partners but also for key stakeholders across Europe.

Specific conclusions:

Each deliverable had their strong and weak points and, from the evaluation WP point can be attributed to the different backgrounds and expertise of teams and also priorities and efforts made on different parts of the process to obtain the final evidence reports. This would explain why some evidence reports gave more important to the description of the method and process, obtaining and describing results or formulating clear recommendations based on the integration of findings or drawing a preliminary best practice model. It should be mentioned that complexity increased as different institutions and professionals worked together in an agreed and collaborative manner

Some communication issues raised to balance deadlines and achievement of methodological quality threshold of deliverables. A mutual understanding to reach general and specific WP goals was needed and this has implied a slower pace in the first phase (evidence phase) of the project, but we expect to recover time and accelerate compliance in the second and final phase of the project (testing phase).

Some limitations were identified when applying the Act on Dementia methodological quality checklist. It should be mentioned that some are related to the tool itself but also due to the fact of not receiving advanced version or complete components drawing the best practice model and preliminary implementability considerations to start the evaluation process.

It should be mentioned that the evaluation of methodological quality threshold within a JA of this kind is relatively innovative as most of JA are centred in measuring accomplishment or carried out peer-reviewing activities but do not evaluate their methodological quality threshold formally. This has been a challenge and also has slowed the process of evaluation and obtaining the final version of most products (deliverables).

Lesson learned:

There is the need to anticipate and manage potential unintended effects of the evaluation plan. A participative process to define the evaluation plan is an effective way to homogenise key tasks within the JA and take into account the key transversal tasks and reach a common understanding and approach to evaluate. Once agreed on, it's seems to be easier to apply and step in its implementation such has been the case of the evaluation of accomplishment and methodological quality and impact of Act on Dementia.
Measurement of the methodological quality threshold of deliverables (specially for evidence reports) is a complex and sometime critical issue but effective communication is crucial to

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potentiate efficiency and success of the Act on Dementia products and reaching a common understanding of all implied teams and participants.

Recommendation 4:

WP3 recommends that the teams developing products within Joint Actions keep in mind the importance of the methodological quality of their products. Even if research is not the fundamental basis of these kind of projects as they are more centred in action and policy and management based there should be an adequate balance between research (essentially focus on methods) and decision making (essentially focus on implementing recommendation into practice) to promote evidence based practice model across Europe.

Recommendation 5:

WP3 recommends that testing reports include a greater integration and synthesis of results and clearer formulation of conclusions and recommendations for decision-making and strategic actions.

Recommendation 6:

WP3 recommends that the evaluation team explores means to provide partners/collaborating stakeholder with more opportunity for knowing and understanding the implications of evaluation plan and suggest how to make its implementation less overloaded and more transparent.

Recommendation 7:

WP3 recommends that the WP1 adopts the appropriate measures to ensure that all deliverables, but specially evidence reports and testing reports are published with a common layout that allow to create a specific branding of Act on Dementia JA.

FINAL CONSIDERATIONS:

The activities undertaken in the evaluation process have implied a continuous learning and improvement process on all sides. Moreover, it has allowed getting to know each other and building team work, understanding the main goals and activities of Act on Dementia JA and reaching an agreement on common terminologies and approaches.

Integrating the views of professionals that participate in this Joint Action have been a challenge but have added a value to the project in terms again of knowledge sharing and learning and specially, adapting reports to a clear description of benefit from complex intervention and formulating recommendations for policy making.

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ABBREVIATIONS

ALCOVE	The European JA on Alzheimer's initiative
CHAFEA	The Consumer, Health and Food Executive Agency
D	Deliverable
DAG	Dissemination Advisory Group
DEM 2	Dementia 2
DFC	Dementia Friendly Communities
DG SANTE	Directorate-General for Health and Food Safety
EAG	Evaluation Advisory Group
GA	Grant agreement
JA	Joint Action
M	Month
MS	Milestone
PB	Programme board
WP	Work package

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