NHS
National Institute for Health Research

COLLABORATIONS FOR LEADERSHIP IN APPLIED HEALTH AND CARE

SPECIFIC THEME - DETAILS

Host Organisation

1.1 Name of proposed Host Organisation (NHS Trust or Provider of NHS services)

Liverpool Clinical Commissioning Group

Theme – to be completed for all Themes

2.1 Name of Theme

Public & Stakeholder **E**ngagement, Knowledge **E**xchange & **I**mplementation.

2.2 Percentage of Research and Implementation

Research:	
Implementation:	**100%**

2.3 Theme short (1-2 years), medium (2-3 years) and long term (4-5 years) aims and objectives of the

Aim: To introduce and support a robust system for Stakeholder engagement throughout the NWC CLAHRC, integrate knowledge exchange through all areas of our work, develop and deliver effective implementation with inbuilt evaluation and support new projects initiated by our stakeholders.

Objectives- Short- Year 1 -2

- Embed a PPI system involving patients, the public and professional stakeholders (e.g. front-line clinicians, local authority public health officers) in CLAHRC activity to ensure that all Theme applied research and implementation activities are designed to facilitate use by care providers and users.
- Apply the system to two CLAHRC supported projects in each of the other Themes to shape them by carrying out Experienced Based Co-Design Projects.]
- Commission five Small Tests of Change and Implementation Projects arising from project proposals. [
- Build implementation capacity through the award of ~50 % of available Knowledge Mobilisation Placements and PGR bursaries by end year 2

Medium and Longer Term years 3-5

- Formal Review of engagement processes, experience, impacts, facilitators and barriers to report to Management Team and Steering Board at months 18 and 42
- Implementation of projects underway and new regular cycles engaging stakeholders as leaders with iterative review to refine structures and processes in the light of progress.
- Repeat data collection for evaluation of the program at 30 and 50 months- feed findings into process of review of stakeholder engagement KE policies and procedures
- Continue cycle of stakeholder responsive funding for implementation and research projects
- Knowledge Brokers and Research and Implementation Champions initiatives within collaborating organisations to sustain communities of practice and Organisational Excellence
- As each project is completed, write up and record the learning and show how other commissioning and provider organisations with AHSN could spread the model and continue to ensure quality care without further research investment.

2.4 The strategy for the Theme,

This is an overarching theme, describing our approach to stakeholder engagement to support active knowledge exchange throughout the programme of the NWC CLAHRC (working with AHSNs, other NIHR structures clinical senates and local authority Health and Wellbeing Boards), and so successfully implement our stakeholders' projects and justify the responsive funding. .

Stakeholders include: Service Users, Carers, the Public, Commissioners; Practitioners, Clinical, Public Health or Social Care Managers, and front line clinical staff. Academics are essential to produce high quality data, but projects only have credibility if the aims are understood, supported, and adopted, by practising clinicians/service providers and seen to be in the interest of both the public and the NHS. Public input will come from our extensive PPI networks, and our collaborators, patient groups and charities. Stakeholders are a rich source of work-generated ideas. Existing methodologies we anticipate using include: the Small Tests of Change Approach, using the cycle of 'Plan, Do. Study, Act' (Institute for Health Improvement), and the 'Change Project Programme' (as outlined within the Research In Practice organisation) approach. The 3 year cycle means projects will need to be established before the end of year 2, so an Action Pack, Implementation Plan and Handbook can be completed within the life of the CLAHRC. We will be able to work with the NWC AHSN diffusion of change and spread models for implementation programmes, or offer the PARiHS approach[i].

Applied health research, implementation and knowledge transfer are neither straightforward nor linear, but instead complex and diverse[ii-iv]. The CLAHRC will work with the AHSNs and others, however, to generate effective implementation projects, wider thinking is needed. We will utilise both the literature and what patients and the public expect from the service, but we will also harvest ideas from front lines staff - whether an HCA, an eminent surgeon or public health practitioner - because many practical solutions come from the shop floor. The myocardial infarction work of a decade ago achieved change not via cardiologists but through thrombolysis nurses, augmented by openly shared data on the timings of the thrombolysis. Stroke services required re-organisation into units with shared ethos as opposed to simply publishing guidelines and hoping.

We recognise that it is essential to balance 'push' and 'pull' between the different participants in the CLAHRC- the Universities, Commissioners, Provider Organisations and Local Authorities - and so will engage NHS and LA staff in the planning and execution of this programmes of activity~~,~~. They will have full access to NWC CALHRC funds. The informatics capacity is available to collect and share data back *within hours* such that staff can performance manage themselves at local level and we can use the data to encourage the competitive spirit - no professional is happy if a neighbouring one is performing better.

Effective knowledge exchange depends on regular meetings at which issues can be debated and iterative improvements added to the program(s). Robust feedback and discussion will occur at a number of levels with: the front line, management, commissioners and our public partners. A support system will ensure all NWC CLAHRC stakeholders can engage as full collaborators in research and implementation projects in all Themes. We will have a Director of Stakeholder / PPI Engagement, (Popay), supported by a PPI facilitator, and a PPI panel which will engage with the management group and steering board. Watkins will be the Director Capacity Building which is also fundamental to our approach.

At each stage of projects, the academics will record the progress and outputs and develop peer review quality reports - which will ensure that the gathering of evidence, the qualitative and quantitative assessments, the indicators devised, and their usage is always to the highest possible standard of academic rigour. We will emulate the experience of the national effectiveness projects led from the Royal College of Physicians in the last decade where effectively monitored progress charts, milestones and pro-active management ensures that project leaders did succeed. A theme manager will be responsible for this, supported by the theme leader. The organisational discipline to arrange meetings, to harvest and analyse data to timelines, and to feed back on time is essential if participants in local hospitals and practices are to have confidence in the work. But this has to be a collaborative and supportive process - hence the need to have all stakeholders on board with the aims from the very start.

Effective knowledge exchange lies at the core of our approach in NWC CLAHRC. The changing culture of timely and appropriate exchange will enable the step change in engagement, and also promote greater sharing of ideas between academics generating innovation in projects, methodologies and expectations for applied research and implementation. The NWC CLAHRC will integrate these partnerships to create sustainable relationships that will last beyond the CLARHC. One method is to establish systems for mentorship and peer support for our stakeholders where discussion can focus on how to connect research and implementation projects and make the most of the experiences and expertise in the NWC. This process will enable new projects to be properly worked up, externally peer reviewed and presented to commissioners. To enable this we propose a team of 3 FTE KE research fellows- a statistician with expertise in quantitative research designs and analyses, a health economist with a special interest in health inequalities and service design and delivery, and a qualitative researcher familiar with mixed methods approaches in applied health services research.

We anticipate that effective engagement will develop capacity within our collaborating organisations.

This should resonate with the implementation activity of the AHSN, promote the development of communities of practice and embed the organisational excellence approach. Stakeholders will act as knowledge brokers and 'product champions', facilitating dialogues between researchers, practitioners and commissioners. This interactive approach to knowledge exchange will inter-digitate with the NWC AHSN implementation programmes, identifying barriers to implementation and suggesting solutions to overcome them.

[i)]Kitson AL, Rycroft-Malone J, Harvey G et al Evaluating the successful implementation of evidence into practice using the PARiHS framework: theoretical and practical challenges *Implementation Science* 2008; **3:**1.Nutley [ii)]S.M, Walter I, Davies H.T.O. *Using Evidence* 2007 Bristol, Policy Press
[iii)]Gabbay J, Le-May A. *Practice-Based Evidence for Healthcare* 2011, London, Routledge
[iv)]May, C Towards a general theory of implementation- *Implementation Science* 2013; **8:**18

2.5 Project Examples in 1st 2 years

Experience based co-design

This project will integrate and co-produce knowledge. Building on the activity of NWC CLAHRC, 'experience based co-design' will be used to implement cutting edge research evidence.

NWC CLAHRC will seek to engage service users/the public by involving them in the planning and direction of the research, operationalize their views and involve them in practice improvement initiatives. The optimal methodological approach needs to combine participatory techniques to optimize engagement and buy in from the beginning of the project, and methods that take into account the complexity of the health care and public health environment in order to properly implement change.. Experience based design is an innovative method that aims to capture how the users experience services and how improvements can be implemented effectively in practice. Practitioners, academics (researchers) and users are brought together in feedback events to consider how research can be implemented and practice improved. This method, combines user centred orientation with a participatory collaborative change process[i]. We will adapt the Kings Fund Experience Based Design tool kit.[ii] This process entails:

1. approximately 10 professional leaders, 10 staff and 12 service user interviews focusing on the topic to be researched. These will be filmed (subject to consent) and edited down to a 30 minute film, which will be reviewed and approved by participants.

2. 3 feedback events for: managers, staff and researchers; patients/service users, then a joint one. At this ~3hr events, the film will be shown to promote discussion of improvement priorities and ways forward.

3. 'co-design groups' of service users and staff will then develop the areas for improvement and re-search implementation plans, tailored to suit the specific setting and contexts.

4. At 6 months we will monitor process and progress against the objectives for improvement. A cele-bration event will also be held to thank staff and service users for their time and effort.

i) Bate, P. & Robert G. Toward More User-Centric OD: Lessons From the Field of Experience-Based Design and a Case Study. *J Appl Behav Sci,* 2007:**43**:41-66

ii) http://www.kingsfund.org.uk/ebcd/

Evaluating Stakeholder Engagement

We will actively evaluate the processes and structures outlined for enabling stakeholder engagement and feed findings back in a learning cycle through project and thematic management groups and the NWC CLAHRC management and governance structures. We will undertake a number of individual, semi structured interviews with purposively sample NWC COAST staff and stakeholders, a series of focus groups with stakeholders and observations of meetings and activities involving stakeholders. These will include those related to the planning and delivery of research and implementation as well as management and strategy meetings. These will sample longitudinally, from early in the first year, then towards the end of the first year, and at 20 months. We will use notes and recordings, produce anonymised transcripts and undertake a thematic analysis using the constant comparative approach. We will engage stakeholders in the analysis of anonymised material to assist with the interpretation of data.

The evaluations will also combine understanding from stakeholders and the way they have engaged and worked with the projects, with more quantitative measures that may eventually be the indicators with which to monitor each project area in the future. Changing the way people work is a complex science and the evidence of what worked well will influence future implementation.

Responsive Projects While the choice of topics rests with our stakeholders - we are confident that the approach outlined can tackle any long term condition, but each will require a tailored approach.

2.6 The Theme's relevance to the health of patients and the public:

A successful organisation must be able to evolve to meet new challenges and this theme should help us understand how different CLAHRC partners can successfully share knowledge and in a sustained way develop a culture that will continually see innovations adopted and implemented. We intend to forge partnerships across the healthcare and public health spectrum that will outlast this initiative,

Two big benefits to be gained a) implementation of better care/services - doing the right thing at the right time - will bring satisfaction for the public and for the NHS/LA public health system overall but b)

achieving such outcomes collaboratively with all our stakeholders will carry a degree of ownership of success that will enable future work.

This environment and culture of engagement will maximise opportunities to maintain a focus on health and care improvement and the reduction of health inequalities, to ensure the voices of patients and the public are heard and acted upon, and the programme of activities retains its relevance and focus.

2.7 The proposed Theme Leader:

Prof Mike Pearson

2.8 Three examples of research findings in this area

Example 1: Following on from Liverpool's Health is Wealth Commission the University established the **Liverpool Health Inequalities Research Institute** (LivHIR) to provide leadership and excellence in public health research to reduce health inequalities. Funding (£2M) invested by LPCT for the CLAHRC bid (2008) was lodged with University to establish a research programme, a joint Executive Board established, Gabbay was appointed Director in 2009. Senior Research Fellows worked with LPCT to develop research projects with their service commissioners. LivHIR projects deliver on researcher, policy and practitioner needs. The research programme focuses on the main causes of morbidity and mortality (alcohol, obesity, cancer, mental health and cardiovascular disease) and policies and interventions across the life course (pre-natal through to adulthood). Research teams, PCT colleagues and other stakeholders jointly develop research projects and dissemination plans to facilitate implementation. LivHIR supports LPCT's research agenda, providing advice and assistance in managing research undertaken on its behalf.

The research teams to use innovative and multidisciplinary approaches, for example in mental health research where integrating arts and science methodologies has been used to provide the early evidence-base of the therapeutic benefits of the 'Get into Reading' programme. As a result the adoption of the 'Get Into Reading' model is becoming more widespread with groups being offered in locations such as care homes, libraries, prisons, mental health drop-in centres, community centres, schools, hostels, refugee centres and workplaces. A systematic review of the evidence of the impact of Arts interventions on health will inform future commissioning. An earlier qualitative study with commissioners revealed that research evidence had little influence on commissioning priorities and models, which is a key motivating factor for the CCG prioritising their engagement with NWC CLAHRC and R&D in general. LivHIR raises the profile of research and collaboration with University-based researchers within the PCT and its partners, and exposure to a rigorous research environment has helped reinforce evidence-gathering as the norm. This has worked best where individual PCT staff have forged a specific role within a project.

We are undertaking a 'realistic evaluation' for the Liverpool Health and Wellbeing board through its process of formation and early development, and an action learning study with Liverpool CCG as the board and partners develop their Health Inequalties Strategy- this latter project has been accepted as an oral presentation at the RCGP national conference in 2013.

Example 2: There has been a growing interest in assessing the impacts of Public Involvement (PI) in research. These impacts can be many and varied and may be positive or negative but the complexity of PI in research means that there can be no single method that can be applied to assess the impact it has on the public who get involved, the research team and/or the research. Popay, with colleagues at Liverpool and Exeter Universities are developing and testing a **Public Involvement Impact Assessment Framework** (***PiiAF***) which aims to help research teams design an assessment of PI in their research (MRC funded). The ***PiiAF*** comprises of five elements: (i) The values associated with public involvement; (ii) Approaches to involving the public in research; (iii) The research focus and study design; (iv) Practical issues that may impinging on the PI process and/or it's impacts; and (v) The impacts of public involvement. The PiiAF and guidance on its use is divided into two parts. In Part 1 these five elements are presented in detail and questions are posed to encourage users of the PiiAF to explore the implications for their research and their impact assessment plans. Each ***PiiAF*** element is linked to three types of resources to support users to explore the issues in more depth: (1) brief summaries of the information about the elements: (2) resources to stimulate discussion each element of the PiiAF; and (3) in-depth information and databases of previous studies evaluating the impact of PI in research and the tools and techniques they used. Part 2 of the PiAF supports people to develop their impact assessment through a development process. A web-based prototype of the PiiAF and related guidance is currently being developed for dissemination in the health research community.

Example 3:In 2009 Prof Pearson's unit was commissioned by the DH to produce some clinical indicators that would assist the strategy for COPD : we developed new definitions of a COPD admission that have face validity for clinicians and match the more detailed COPD audit. Mortality is a poor indicator (Thorax 2013 - in press), but we have developed a new indicator that will focus the whole community on keeping COPD patients out of hospital - an outcome that suits the NHS and especially the patient. Throughout this and similar projects, the aim is to ensure outputs that are practical and yield measures that are of value both to those delivering care and to those commissioning care. We have a substantial collaborating network of contacts in the clinical subspecialities, patient charities and national data organisations.

For Themes containing proposed applied health research

Research Theme Section – for research or mixed model Themes
Please leave blank if implementation-only Theme

3.1 Please describe the proposed applied health research to be undertaken within the Theme using NIHR funding and where appropriate matched funding:

3.2 Please outline the key researchers associated with the Theme including how their involvement will add depth and quality to the proposed applied health research to be conducted:

3.3 Please describe the proposed outputs from the research and the impacts anticipated (including the intended audience, how the impacts will be achieved and the likely timeframe):

For Themes containing implementation (to be funded by matched funding only)

Implementation Theme Section – for implementation or mixed model Themes
Please leave blank if research-only Theme

4.1 proposed implementation of applied health research into clinical practice

This Theme focuses on structures and processes to ensure stakeholder engagement.
As this approach becomes embedded, the senior management will continue to prioritise this to refresh the integration of stakeholder activity across all of the NWC CLAHRC workstreams.
Stakeholders have identified staff from their organisations to work with NWC CLAHRC, and this Theme is structured to support and integrate them into the themes. We will then facilitate their engagement, and review progress through a robust and regular mentorship system.

4.2 proposals for activities to facilitate the implementation of research across the health community,

Stakeholders- both professional and PPI bring rich expertise to NWC CLAHRC through their detailed knowledge of the environment, expectations and experiences within their organisation or community. They are ideal partners to lead implementation projects, giving research findings contexts. In this way they are social mediators of research, and can provide insights into potential pathways for the reinvention of evidence that might hinder or facilitate effective implementation.
Our goal will be to facilitate this effective engagement with projects, whilst enabling them to retain their reality perspective and as a 'critical friend', but also guarding against their conversion to the potential remoteness of the academic perspective. The means by which we will do this have been outlined above.

4.3 key individuals associated with the implementation,

Prof Mike Pearson (Univ of Liverpool and consultant physician) spent 10 years seconded to the Royal College of Physicians producing a series of national guidelines on behalf of NICE and many national audits that have achieved demonstrable shifts in the structure summarised in the CV attached. The emphasis in each project has been on achieving an agreed, evidence based approach, getting it implemented, and on proving that the outcomes are changing in the right direction.
Dr keith Bodger (Univ of Liverpool and Consultant gastroenterologist) has 10 years experience of health research with emphasis on understanding the effectiveness of care and cost effectiveness - a recent paper had significant influence in a NICE guideline (ref _to be supplied)
Dr A Abraham,(nephrologist) and Dr P Walker (respiratory physician) are active physicians with research degrees who are focussed on care delivery and bring a very practical view to the projects and there are several more very able clinicians who would like to join the projects if funded.
Prof J Popay will direct the stakeholder engagement programme and manage the PPI facilitator.
Prof M Gabbay- He has been engaged with leading RDS & research networks for over a decade, and is familiar with the faultlines between research and practice, and the challenges of implementation. He is a mixed methods researcher, with an interest and track record in PPI engagement in research.
Prof Rob Moots is the chronic conditions lead of the Liverpool Health Partnership and rheumatologist.
Dr Chris Mimnagh is a GP, primary care lead of the LHP and knowledge management expert (Aintree trust)
Dr Lucy Frith is a qualitative researcher and bioethicist. (UoL)
Prof Caroline Watkins will lead the capacity development programme (UCLan).

This form, together with other requested attachments, must be submitted by **1:00pm** on **13 May 2013.** Any questions about the completion of the form should be directed to Claire Vaughan (claire.vaughan@nihr-ccf.org.uk).