

1 CLAHRC implementation: a mini guide

2 Support for CLAHRC partner research project implementation in 3 health and social care practice

4 5 Overview

6 This guide aims to support NIHR CLAHRC research project teams to develop implementation
7 summaries for their projects. These summaries will provide a valuable base for those
8 considering implementing the research as well as help document impact of the CLAHRC.

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10 We think providing clear information supports better decision-making. Advice and links to
11 resources on writing clearly are included in this guide.

12
13 We also introduce content and support offered with NICE guidance. The guidance provides
14 examples of communicating to a range of stakeholder to achieve impact as well as offering
15 some information that could be used in implementation summaries.

16
17 The summaries will be developed by **CLAHRC partner research teams** investigating
18 interventions or services. An [online template](#) for the implementation summaries will
19 support CLAHRC research teams' discussions and comprehensive consideration of
20 implications for implementation of their research. The process of using the template will
21 support teams to build-in relevant content, in an accessible format, for those implementing.

22
23 CLAHRC research teams have extensive, expert knowledge about their research topics. The
24 implementation support template uses a format from NICE '[quick tips](#)' and 'into practice'
25 guides for putting guidance into practice. This approach intends to help draw out and
26 structure teams' expertise. The process will identify gaps in information and capacity and
27 help guide addressing these gaps. Other support to implementation from NICE includes
28 good practice around considered use of [language and signposting](#) where effective
29 implementation may rest with particular individuals or functions.

30
31 A range of research, practice and policy groups produce implementation support tools.
32 These could be used with the implementation support template introduced in this guide and
33 may be particularly suited to specific areas such as public health or local government
34 services. For example, a selection of tools are available from Canadian National
35 Collaborating Centre for Methods and Tools (NCCMT), including a tool for evidence-
36 informed decision making in [public health](#).

37
38 The template will focus on 1 approach to support consistency across project. We
39 acknowledge that there are other useful approaches.

40

41 NICE implementation support

42 NICE have resources to support implementation of specific guidelines under the [Tools and](#)
43 [resources](#) section of a guideline webpage. These include:

- 44 • **Baseline** assessment
- 45 • **Resource impact** templates
- 46 • Resource impact reports

47

48 Considerations used in developing NICE guidance

49 The guidelines themselves present resource use and outcomes as part of the evidence base
50 as well as committee's considerations in agreeing recommendations. Considerations can
51 include views on the quality of the evidence, applicability, uncertainties, balance of benefits
52 and harms and relative merits of different aspects of the evidence base. Committees also
53 consider cost effectiveness, equalities and ethical issues and should make explicit the
54 factors they value and weight in decisions. They can include 'practicality of implementation'
55 in decisions. The considerations sections of NICE guidance in areas relevant to CLAHRC
56 research could provide a useful reference source for discussing and completing the
57 implementation support template.

58

59 NICE implementation guides

60 NICE has also produced a small set of '[Into practice](#)' guides to implementation in general.
61 These include:

- 62 • [Into practice - the guide](#)
- 63 • [Quick tips to help you put our guidance into practice](#)
- 64 • [How to change practice: understand, identify and overcome barriers to change](#)

65

66 The '**quick tips**' for planning implementation list the following key actions:

67 Raise **awareness** (routine channels); **Identify a lead** with an interest; Carry out a **baseline**
68 **assessment** against the recommendations, **Think about what data** you need to measure
69 improvement and collection; Develop an **action plan** with the steps; Include **milestones** and
70 a **business case**; Implement the **action plan** with **oversight**; **Review** and **monitor**.

71

72 More recent NICE guidelines also list these 'quick tips' within the 'Putting this guideline into
73 practice' section (see appendix 1).

74

75 There are other implementation orientated activities and resources produced by NICE,
76 including **shared learning**, **resource planners** (which can help with baseline assessment and
77 costings) the work of **field consultants**.

78

79 Signposting and use of active language by NICE

80 NICE [guidelines in public health](#) have used a set format for recommendations that help
81 identify the focus in terms of '**whose health** will benefit', '**who should take action**' and
82 '**what action** should they take'. Guidelines also use language deliberately in phrasing
83 recommendations to respect service user and professional roles in decision-making and to
84 indicate strength of recommendation. NICE guidelines also use active language, format
85 recommendations as instructions and use plain English to support readability and uptake.
86 Advice for writing to improve implementation is included in the [Writing for NICE](#) guide.

87

88 **Other implementation support tools**

89 A range of established and emerging approaches and tools can be identified. Therefore,
90 choosing among them may be a challenge. This includes consideration of suitability across
91 different intervention types, services or populations. Tools also vary in focus, with some
92 implementation tools developed for local costing of a specific intervention where others
93 offer broad frameworks for considering domains relevant to a range of commissioning
94 decisions. An example of the latter follows.

95

96 The Canadian National Collaborating Centre for Methods and Tools (NCCMT) supports what
97 it terms evidence-informed public health (EIPH). Its tools include a stepped, cyclical
98 approach to research and evidence-informed decision-making. The NCCMT decision making
99 framework is quite broad and devolves details to local commissioners.

100

101 NCCMT: multiple domains considered in evidence-informed decision making in public health



102

103 See: <http://www.nccmt.ca/about/eiph>

104

105 NCCMT suggest 'valuable evidence from a variety of sources' is considered and that
106 professional 'expertise' is used to integrate the relevant factors in decision-making. It lists:

- 107 • community health issues and local context
- 108 • existing public health resources
- 109 • community and political climate
- 110 • the best available research findings

111

112 NCCMT also maintain a [repository](#) of **tools, methods, capacity development** and **case**
113 **studies**. Content could be relevant to capacity development of CLAHRC research teams.

114 **Support, evaluation and improvement**

115 We plan to collate the implementation support templates and offer teams support for
116 particular sections they experience difficulty with.

117

118 We also aim to evaluate teams experience with using the template in order to improve the
119 process of developing implementation summarises for their projects. Common gaps in
120 evidence for the template will also be collated and reported. Commissioners, service
121 managers and other users will be invited to provide feedback to improve uptake, usefulness
122 and to develop CLAHRC research-to-practice case studies. We may also use fieldwork in the

123 form of focus groups or brief interviews with research team representatives, service
124 managers and commissioners to supplement the evaluation methods above.
125
126 Initial findings will be reported to the Leadership Team and shared with the Priority
127 Partnership Programme.
128

129 [Summary for mail out and webpage](#)

130 This guide aims to support NIHR CLAHRC research project teams to develop implementation
131 summaries for their projects. These summaries will provide a valuable base for those
132 considering implementing the research as well as help document impact of the CLAHRC.

133

134 The summaries will be developed by **CLAHRC partner research teams** investigating
135 interventions or services using our new [online template](#). The template is intended to
136 support and record CLAHRC research teams' discussions and comprehensive consideration
137 of implications for implementation of their research. Using the template will support teams
138 to build-in relevant content, in an accessible format, for all those making implementation
139 decisions.

140

141 We know CLAHRC research teams have extensive, expert knowledge about their research
142 topics. The **implementation support template** uses a format from NICE '[quick tips](#)' and 'into
143 practice' guides for putting guidance into practice. This approach intends to help draw out
144 and structure teams' expertise. The process can also identify gaps in information and
145 capacity and help guide addressing such gaps. Other support to implementation from NICE
146 includes good practice around considered use of [language and signposting](#) where effective
147 implementation may rest with particular individuals or functions.

148

149 The implementation summary template also includes headings to record links with CLAHRC
150 North West Coast **themes** and key **considerations** around the quality of evidence available.

151

NICE 'quick tip' 1-8	Question to ask of your project	Your responses ¹
1. Raise awareness through routine communication channels, such as email or newsletters, regular meetings, internal staff briefings and other communications with all relevant partner organisations. Identify things staff can include in their own practice straight away.	How can awareness be raised? Which channels are available or could be developed? What things could be implemented within practice 'straight away'?	
2. Identify a lead with an interest in the topic to champion the guideline and motivate others to support its use and make service changes, and to find out any significant issues locally.	Who has interest, can influence or motivate or report issues locally?	
3. Carry out a baseline assessment against the recommendations to find out whether there are gaps in current service provision.	What sources of baseline data are there? What gaps in services are identified?	
4. Think about what data you need to measure improvement and plan how you will collect it. You may want to work with other health and social care organisations and specialist groups to compare current practice with the recommendations. This may also help identify local issues that will slow or prevent implementation.	What data are required to measure (implementation and) improvement? How may these data be accessed or collected? What local issues are there that may hinder implementation?	
5. Develop an action plan , with the steps needed to put the guideline into practice, and make sure it is ready as soon as possible. Big, complex changes may take longer to implement, but some may be quick and easy to do. An action plan will help in both cases.	What steps are needed to get the intervention/ changes into practice? What steps will help the change happen in a timely manner? Are there steps that can be completed quickly or easily?	
6. For very big changes include milestones and a business case, which will set out additional costs, savings and possible areas for disinvestment. A small project group	Who should be invited to join a project group (including the lead) to develop plans and implement large changes?	

NICE 'quick tip' 1-8	Question to ask of your project	Your responses ¹
<p>could develop the action plan. The group might include the guideline champion, a senior organisational sponsor, staff involved in the associated services, finance and information professionals.</p>	<p>What are the key milestones? Which data are required for a business case? What are the resource implications and impacts of the intervention/change? Note additional costs, savings and opportunities for disinvestment elsewhere in the service.</p>	
<p>7. Implement the action plan with oversight from the lead and the project group. Big projects may also need project management support.</p>	<p>What project management support is needed to support the action plan?</p>	
<p>8. Review and monitor how well the guideline is being implemented through the project group. Share progress with those involved in making improvements, as well as relevant boards and local partners.</p>	<p>How will implementation be monitored (including outcomes, data)? What process will be used to review evidence on implementation? How can progress be shared with key stakeholders?</p>	
<p>Notes</p> <p>Links with key CLAHRC NWC themes and objectives, such as:</p> <ul style="list-style-type: none"> ▪ Reducing inequalities ▪ Delivering personalised health and care ▪ Managing complex needs ▪ Improving mental health ▪ Improving public health ▪ Knowledge Exchange, Engagement, and Effective Implementation 		

NICE 'quick tip' 1-8	Question to ask of your project	Your responses ¹
<p>Notes</p> <p>Key considerations that support a decision to implement:</p> <ul style="list-style-type: none"> ▪ The quality of the evidence ▪ Strength of effects ▪ Cost effectiveness (prospects for) ▪ Innovation ▪ Equalities ▪ Other key considerations 		

153 1 Note gaps or difficulties with finding the information for the implementation template. Add brief notes where applicable (for example, if
154 information is likely to change soon or to reference the source of information).

155 [Appendix 1](#)

156 [Putting this guideline into practice from NICE](#)

157 NICE has produced [tools and resources](#) to help you put this guideline into practice.

158 Putting recommendations into practice can take time. How long may vary from guideline to
159 guideline, and depends on how much change in practice or services is needed.

160 Implementing change is most effective when aligned with local priorities.

161 Changes recommended for clinical practice that can be done quickly – like changes in
162 prescribing practice – should be shared quickly. This is because healthcare professionals
163 should use guidelines to guide their work – as is required by professional regulating bodies
164 such as the General Medical and Nursing and Midwifery Councils.

165 Changes should be implemented as soon as possible, unless there is a good reason for not
166 doing so (for example, if it would be better value for money if a package of
167 recommendations were all implemented at once).

168 Different organisations may need different approaches to implementation, depending on
169 their size and function. Sometimes individual practitioners may be able to respond to
170 recommendations to improve their practice more quickly than large organisations.

171 Here are some pointers to help organisations put NICE guidelines into practice:

172 **1. Raise awareness** through routine communication channels, such as email or newsletters,
173 regular meetings, internal staff briefings and other communications with all relevant partner
174 organisations. Identify things staff can include in their own practice straight away.

175 **2. Identify a lead** with an interest in the topic to champion the guideline and motivate
176 others to support its use and make service changes, and to find out any significant issues
177 locally.

178 **3. Carry out a baseline assessment** against the recommendations to find out whether there
179 are gaps in current service provision.

180 **4. Think about what data you need to measure improvement** and plan how you will collect
181 it. You may want to work with other health and social care organisations and specialist
182 groups to compare current practice with the recommendations. This may also help identify
183 local issues that will slow or prevent implementation.

184 **5. Develop an action plan**, with the steps needed to put the guideline into practice, and
185 make sure it is ready as soon as possible. Big, complex changes may take longer to
186 implement, but some may be quick and easy to do. An action plan will help in both cases.

187 **6. For very big changes** include milestones and a business case, which will set out additional
188 costs, savings and possible areas for disinvestment. A small project group could develop the
189 action plan. The group might include the guideline champion, a senior organisational
190 sponsor, staff involved in the associated services, finance and information professionals.

191 **7. Implement the action plan** with oversight from the lead and the project group. Big
192 projects may also need project management support.

193 **8. Review and monitor** how well the guideline is being implemented through the project
194 group. Share progress with those involved in making improvements, as well as relevant
195 boards and local partners.

196 NICE provides a comprehensive programme of support and resources to maximise uptake
197 and use of evidence and guidance. See our [into practice](#) pages for more information.

198 Also see Leng G, Moore V, Abraham S, editors (2014) Achieving high quality care – practical
199 experience from NICE. Chichester: Wiley. [[Wiley online available via University Library](#)]