

The art of compromise

Co-production of evidence in applied health research

Roman Kislov, Paul Wilson, Sarah Knowles and Ruth Boaden

NIHR CLAHRC Greater Manchester
Alliance Manchester Business School
The University of Manchester



@RomanKislov @pmw777 @dr_know @RuthBoaden @CLAHRC_GM

What can you expect?

Our experience

- Reference to a range of academic sources
- Reference to research we have done



What is co-production?
Have you done it (or why not)?

Your experience

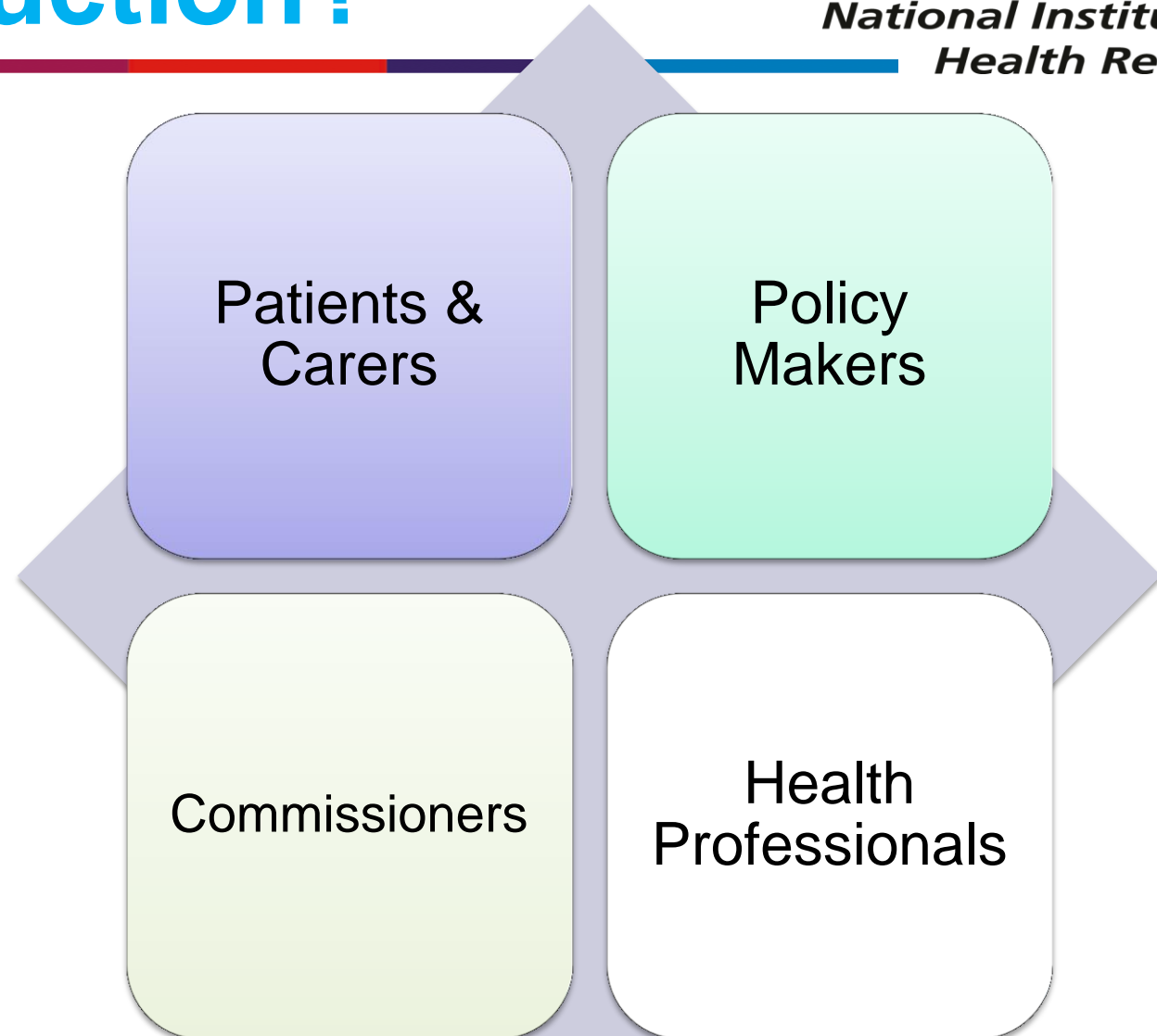
- You can expect to talk
- and have the chance to identify actions

There are compromises
... which are the most
challenging?

What is co-production?

*Not Doing To
or Doing For...*

Doing With



coproduce or **co-produce**

verb (used with object), **coproduced**, **coproducing**

1.
to produce (a motion picture, play, etc.) in collaboration with others.
2.
to manufacture (goods) in partnership with others.



What is co-production?

When? At all stages!

- Deciding priorities
- Designing research
- Working together in delivery
- Joint dissemination



[Implement Sci.](#) 2017; 12: 63.

Published online 2017 May 12. doi: [10.1186/s13012-017-0589-5](https://doi.org/10.1186/s13012-017-0589-5)

PMCID: PMC5429536

PMID: [28499393](https://pubmed.ncbi.nlm.nih.gov/28499393/)

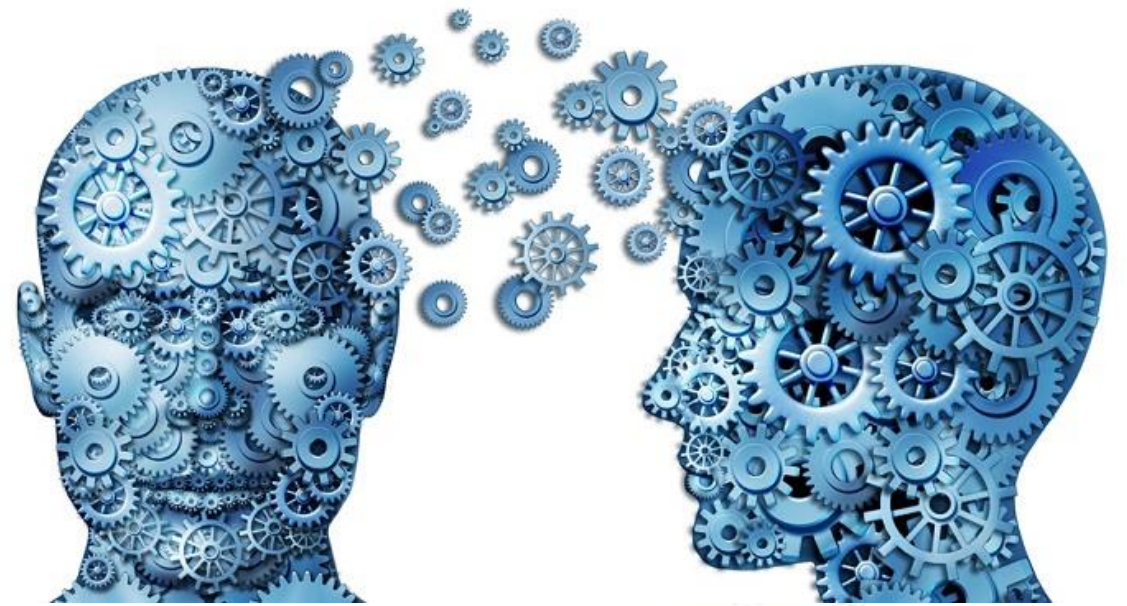
Reversing the pipeline? Implementing public health evidence-based guidance in english local government

[Lou Atkins](#),¹ [Michael P. Kelly](#),² [Clare Littleford](#),¹ [Gillian Leng](#),³ and [Susan Michie](#)¹

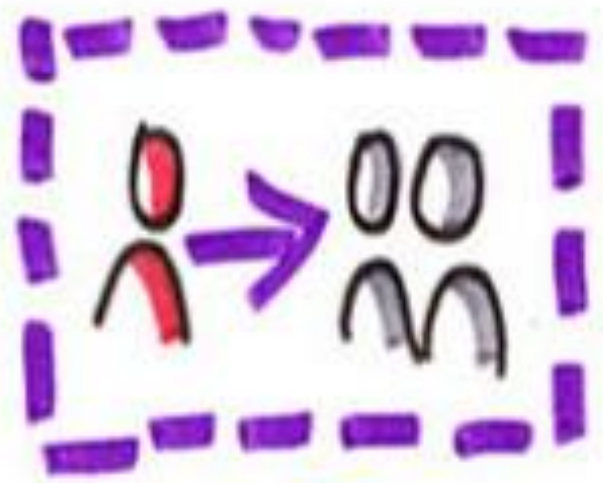


What is co-production?

- **Participatory Action Research** (Baum et al 2006): cycles of collective inquiry with community members to identify problems and empower participants to take action
- **Integrated Knowledge Translation** (Kothari et al 2017, CIHR): active collaboration with knowledge users (who have power to implement change) throughout the process
- **Experience Based Co-Design** (Bate & Robert 2006, Kings Fund, Point of Care foundation): patients and staff work together to identify and deliver service improvements
- **NIHR CLAHRCs**: models of matched funding between research and NHS partners (eg. trusts, CCGs)



WORK WITH



NOT TO



Co-commission

Co-design



Co-deliver



Co-assess

**Have you done co-production?
Why (or why not)?**



'Knowing'

MIND THE GAP

'Doing'

Researchers

- Answer research questions
- Explore the unknown
- Publish papers
- Assessed on the number and quality of papers
- Rigorous data collection and analysis take a lot of time
- Evaluation and improvement are not 'proper research'

Practitioners

- Solve practical issues
 - Interested in 'what works'
- Write reports/patient records
 - Assessed on patient outcomes and financial efficiency of services
 - Under pressure to deliver 'quick wins'
 - Evaluation and improvement are seen as valuable activities



CLOSE THE GAP

Why?

- Researchers are now expected to deliver 'societal impact'
- Healthcare organisations are expected
 - to use 'evidence'
 - to contribute to research

By whom?

- Individual roles
 - Knowledge brokers
 - Facilitators
 - Hybrid clinician-researchers
- Collaborative research partnerships/networks

'PUSH'

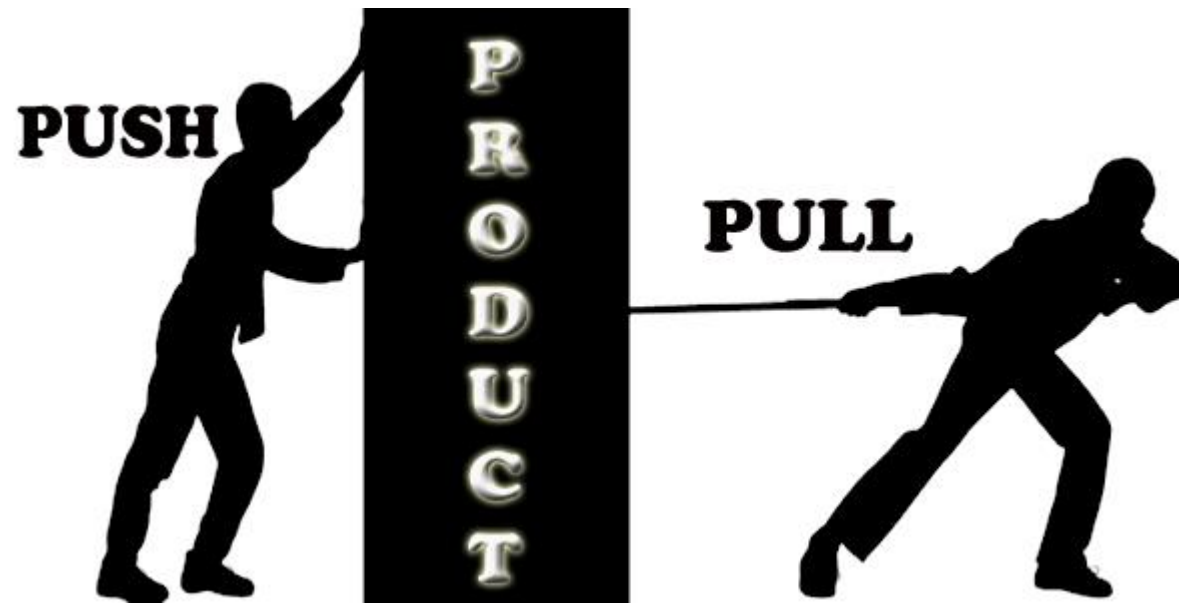
- Finished research product (evidence) is 'implemented' in practice
- **Implementation science:** Identifying best approaches to implementing evidence-based innovation

CLOSE THE GAP

'PULL'

- Practitioners look at existing evidence to address practical problems
- **Quality improvement:** Using evidence from research (and other sources!) to improve the outcomes of service provision

How?



PROBLEMS



**PROBLEMS
EVERYWHERE**

'PUSH'

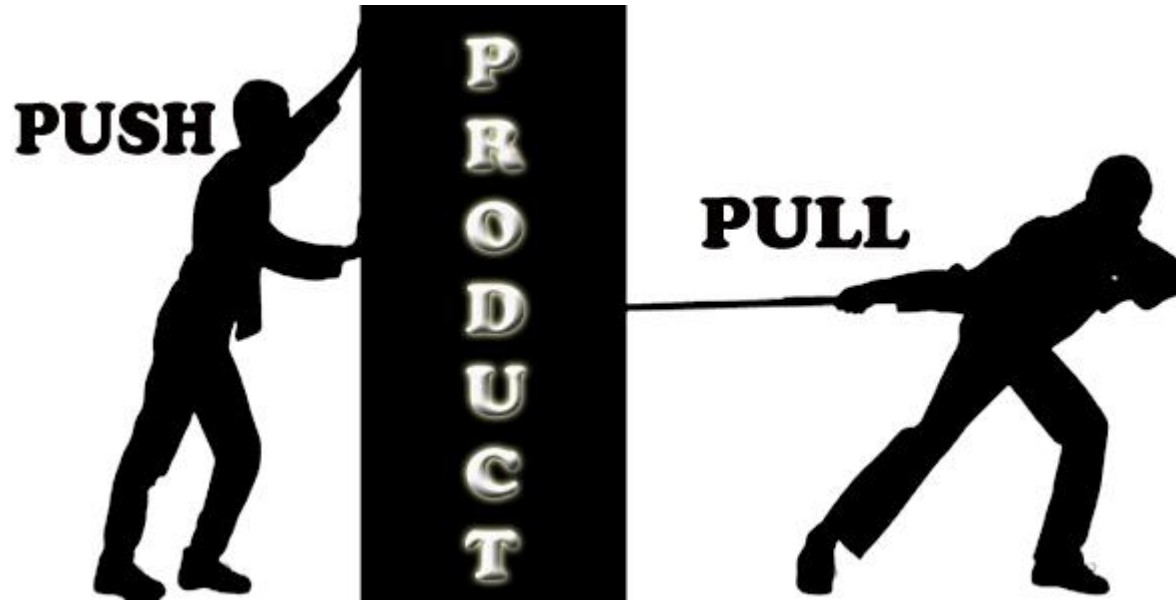
- There is often no demand at all



- Research evidence still has to be adapted to local context...
- ...But there is a fine line between 'adaptation' and 'distortion' or 'dilution'

'PULL'

- Evidence needed may not be available
- Practitioners may lack skills searching, appraising and synthesising evidence
- Research evidence still has to be adapted to local context...
- ...But there is a risk of its 'substitution' by the competing forms of evidence:
 - local data
 - anecdotal evidence



THINK!

*is there a better
way to do it ?*



Plant Efficiency starts with your ability

Exchange?



Co-production!



MIND THE GAP

Researchers

- Answer research questions
- Explore the unknown
- Publish papers
- Assessed on the number and quality of papers
- Rigorous data collection and analysis take a lot of time
- Evaluation and improvement are not 'proper research'

Practitioners

- Solve practical issues
 - Interested in 'what works'
- Write reports/patient records
 - Assessed on patient outcomes and financial efficiency of services
 - Under pressure to deliver 'quick wins'
 - Evaluation and improvement are seen as valuable activities

But do these differences automatically disappear once 'co-production' is adopted?..



*There is a dark side
to everything...*



**ALWAYS LOOK
ON THE
DARK
SIDE
OF LIFE**

collaboration

/kələbə'reɪʃn/ 

noun

noun: collaboration; plural noun: collaborations

1. the action of working with someone to produce something.

"he wrote a book in collaboration with his son"

synonyms: cooperation, alliance, partnership, participation, combination, association, concert;
[More](#)

- something produced in collaboration with someone.
"his recent opera was a collaboration with Lessing"

2. traitorous cooperation with an enemy.

"he faces charges of collaboration"

synonyms: fraternizing, fraternization, colluding, collusion, cooperating, cooperation, consorting,
sympathizing, sympathy; conspiring

"Salengro had been accused of collaboration with the enemy"

antonyms: resistance



**KEEP
CALM
AND
DEMAND
EVIDENCE**

Matched funding of the collaborative research programme

50% from the National Institute of Health Research (government agency)



50% from the local healthcare organisations ('partners') – both in cash and in kind

Neither 'push' nor 'pull'

...[The researchers] had already done some work on chronic kidney disease ... and it gelled with what we were looking at, it was one of our priority areas anyway. **So I don't think it was all them pushing and it was a new thing for us or us saying, hey will you give us a hand with this? I think it just coincided at the same [time]...**

Shared passion for the topic

Mutual commitment

Collaborative working

Co-production



Applied research

Implementation

Societal impact

So how does
co-production
bridge the know-
do gap?



Moving beyond 'research' to 'implementation' and 'improvement'

What do practitioners value?

- *'applied healthcare research... relevant and real and something that can be used... easily'*
- *'evaluation and evaluation support... service development... service improvement'*
- *'other forms of outputs... films and other media'*
- *'events... that aren't necessarily directly related to our research'*

What can researchers do?

- Collect 'local intelligence'
- Frame the collaborative project for practitioners using their language and priorities
- Disguise 'research' as an 'add-on' to:
 - implementation,
 - evaluation or
 - improvement



Opening up the 'research team'

What do practitioners value?

- *'meeting face to face and **trying to understand our intentions**'*
- *'I feel like **an equal partner...** what we can and do say is given credence'*
- *'**harder evidence** as well as the more **qualitative and anecdotal type feedback**'*
- *'very good **project managers** who **'have kept us to all our timelines**'*

What can researchers do?

- Include the representatives of partnering organisations when:
 - choosing the topic
 - designing the project
 - implementing the project
 - analysing the data
 - working on the outputs
- Multidisciplinary project teams
 - quant and qual experts
 - clinical and social scientists
 - project managers
 - QI experts
 - service users



Flexibility in designing and conducting research

What do practitioners value?

- *'having a really good **understanding of the services that you're working with**'*
- *'a study that would... take into consideration [contextual] subtleties in a very **variable, flexible way**'*
- *'a study that is... **doable**... without it being burdensome on either the staff or managers'*
- *'[researchers] being very **open to feedback**'*

What can researchers do?

- Prioritise **pragmatic** (rather than purist) designs...
- ...And **implementable** (rather than ideal) interventions
- Research opportunities may arise unexpectedly, e.g.:
 - research into the *processes* of implementation/improvement
 - retrospective analyses of existing data



Which of these compromises do you find most challenging?

- Moving beyond 'research' to implementation/improvement
- Opening up the research team
- Flexibility in designing and conducting research

What are the implications?

Lots of (different) work!

- Two sets of project descriptions (academic and non-academic), tailored to local priorities (needs soft intelligence)
- Offering the partners several research design options to choose from
- Various non-research activities, as a way of building relationships:
 - Contribute to education/training
 - Give advice on practical issues
 - Jointly organise events
- Continuously keeping in touch with the partners and other stakeholders
- Multiple project outputs (academic papers are not enough!)

“Endurance juggling
by a team of
octopuses”



What are the implications?

Non-research roles to support co-production

- Not all researchers are interested in (or competent at) non-research activities
- But it is essential
- “just” managers?
- Dedicated project managers often become a driving force in enabling compromise
 - They embody the collaborative agenda
 - Their core task is to make co-production work
 - They act as knowledge brokers



What are the implications?

Fundamental worldview change

- 'Researchers do not always know best'
- Consider the full development-evaluation-implementation process
- Epistemological and methodological tolerance
- Complementarity and division of labour (rather than competition and conflict)
 - between researchers and practitioners
 - between researchers and project managers
 - between different academic disciplines



*There is a dark side
to everything...*



**ALWAYS LOOK
ON THE
DARK
SIDE
OF LIFE**

compromise

/ˈkɒmpɹəmaɪz/ 

noun

noun: compromise; plural noun: compromises

1. an agreement or settlement of a dispute that is reached by each side making concessions.
"eventually they reached a compromise"
synonyms: agreement, understanding, settlement, terms, accommodation; *More*
antonyms: intransigence
 - an intermediate state between conflicting alternatives reached by mutual concession.
"a compromise between the freedom of the individual and the need to ensure orderly government"
2. the expedient acceptance of standards that are lower than is desirable.
"sexism should be tackled without compromise"

A
COMPROMISE
IS AN
AGREEMENT
WHEREBY
BOTH PARTIES
GET WHAT
NEITHER OF
THEM
WANTED.

The 'dark side' of compromise in co-production of applied research

Research driven by practical need rather than academic novelty

The need to diversify project outputs

Ad-hoc research designs

Difficulties producing highly-ranked academic outputs

Threats to researchers' autonomy and integrity

The partnering organisations may dispute the interpretation of research findings

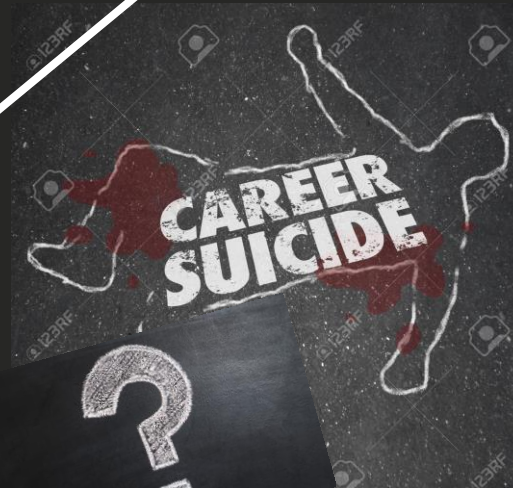
Researchers may self-censor themselves when presenting sensitive findings

For senior researchers co-production projects are part of a wider portfolio

Junior researchers have little power to influence the negotiation of compromise...

...But have to implement it

Early-career researchers are most vulnerable to the negative consequences of compromise



Conclusion

What is co-production?
Have you done it (or why
not)?



There are compromises
... which are the most
challenging?

**What are your key action points
from today?**