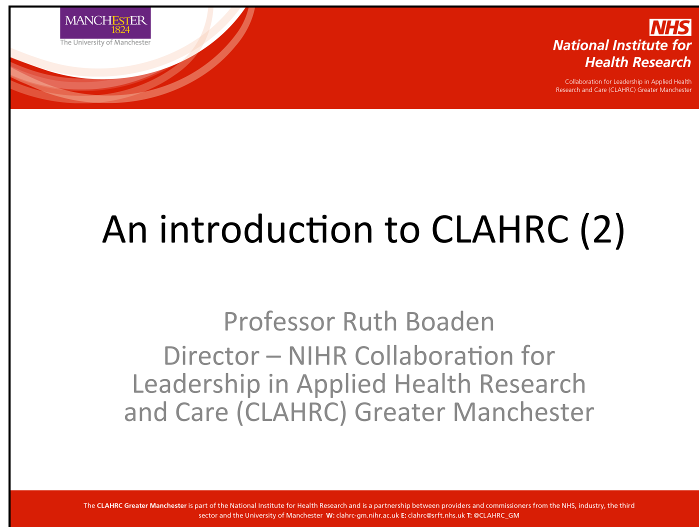
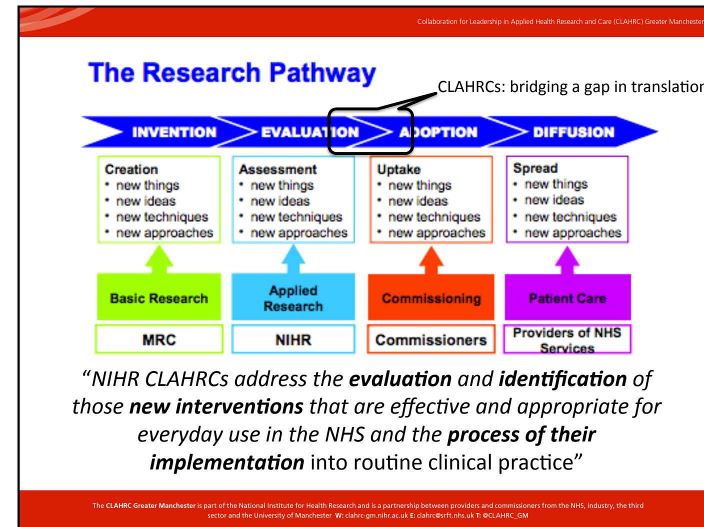
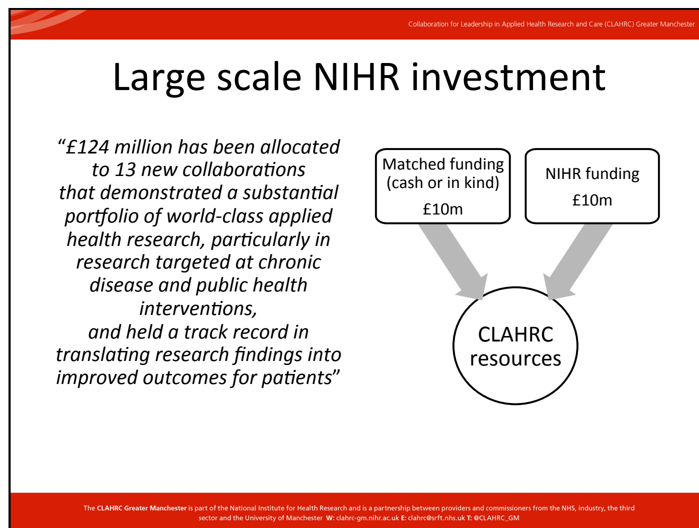
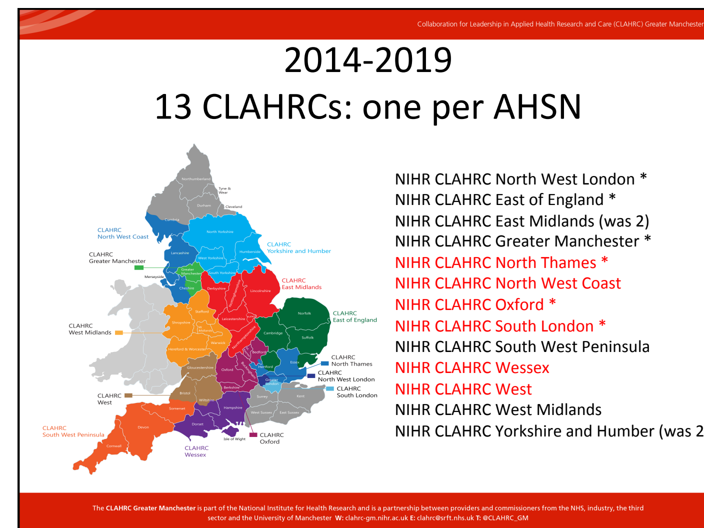

MANCHESTER 1824
The University of Manchester
NHS
National Institute for Health Research
An introduction to CLAHRC (2)
Professor Ruth Boaden
Director – NIHR Collaboration for Leadership in Applied Health Research and Care (CLAHRC) Greater Manchester


The Research Pathway
CLAHRCs: bridging a gap in translation
INVENTION
EVALUATION
ADOPTION
DIFFUSION
Creation
• new things
• new ideas
• new techniques
• new approaches
Assessment
• new things
• new ideas
• new techniques
• new approaches
Uptake
• new things
• new ideas
• new techniques
• new approaches
Spread
• new things
• new ideas
• new techniques
• new approaches
Basic Research
Applied Research
Commissioning
Patient Care
MRC
NIHR
Commissioners
Providers of NHS Services
"NIHR CLAHRCs address the evaluation and identification of those new interventions that are effective and appropriate for everyday use in the NHS and the process of their implementation into routine clinical practice"


Large scale NIHR investment
"£124 million has been allocated to 13 new collaborations that demonstrated a substantial portfolio of world-class applied health research, particularly in research targeted at chronic disease and public health interventions, and held a track record in translating research findings into improved outcomes for patients"
Matched funding (cash or in kind) £10m
NIHR funding £10m
CLAHRC resources


2014-2019
13 CLAHRCs: one per AHSN
NIHR CLAHRC North West London *
NIHR CLAHRC East of England *
NIHR CLAHRC East Midlands (was 2)
NIHR CLAHRC Greater Manchester *
NIHR CLAHRC North Thames *
NIHR CLAHRC North West Coast
NIHR CLAHRC Oxford *
NIHR CLAHRC South London *
NIHR CLAHRC South West Peninsula
NIHR CLAHRC Wessex
NIHR CLAHRC West
NIHR CLAHRC West Midlands
NIHR CLAHRC Yorkshire and Humber (was 2)

Collaboration for Leadership in Applied Health Research and Care (CLAHRC) Greater Manchester

We had a CLAHRC (2008-2013)

Carried out applied health research (in both 'research' and 'implementation' themes)	Achieved impact on patients (through 'implementation' theme)
But to what extent did we integrate 'researchers' and 'implementers'?	

The **CLAHRC Greater Manchester** is part of the National Institute for Health Research and is a partnership between providers and commissioners from the NHS, industry, the third sector and the University of Manchester **W:** clahrc-gm.nihr.ac.uk **E:** clahrc@srft.nhs.uk **T:** @CLAHRC_GM

Collaboration for Leadership in Applied Health Research and Care (CLAHRC) Greater Manchester

Principles for new CLAHRC

- Learn from experience
  - Don't have separate 'research' and 'implementation' themes
  - Develop leaders at all levels
- Take a wider view of matched funding
  - A wider range of funders (and more of them)
  - Cash and staff time in kind
- Build in flexibility
  - To respond to new issues as they arise
  - To respond when matched funding changes

The **CLAHRC Greater Manchester** is part of the National Institute for Health Research and is a partnership between providers and commissioners from the NHS, industry, the third sector and the University of Manchester **W:** clahrc-gm.nihr.ac.uk **E:** clahrc@srft.nhs.uk **T:** @CLAHRC_GM

Collaboration for Leadership in Applied Health Research and Care (CLAHRC) Greater Manchester

CLAHRC GM resources: 2014-2019

Cash matched funding

~ £2.5m

Matched funding in kind

~ £7.5m

NIHR funding

£10m

CLAHRC resources

Budget breakdown:
Staff costs: 75% of total costs
Non-staff costs: 10% of total costs
Support costs: 15% of total costs

The **CLAHRC Greater Manchester** is part of the National Institute for Health Research and is a partnership between providers and commissioners from the NHS, industry, the third sector and the University of Manchester **W:** clahrc-gm.nihr.ac.uk **E:** clahrc@srft.nhs.uk **T:** @CLAHRC_GM

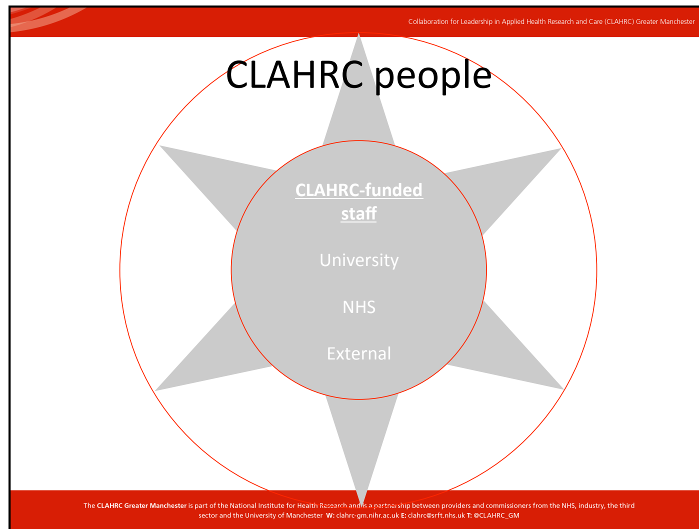
Collaboration for Leadership in Applied Health Research and Care (CLAHRC) Greater Manchester

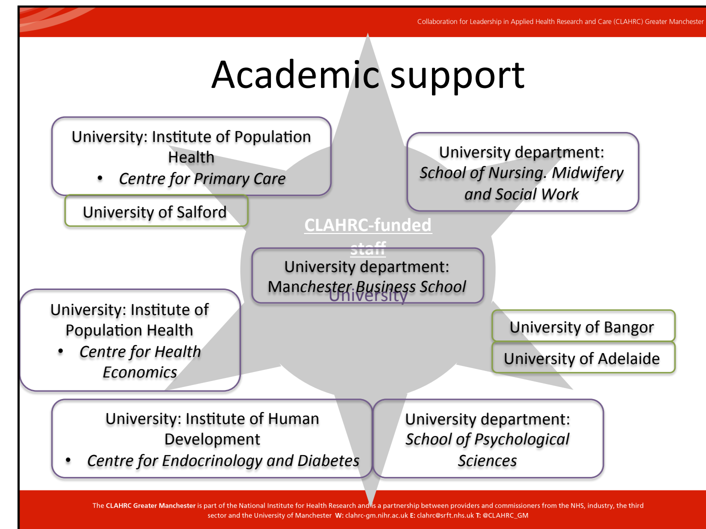
CLAHRC GM vision and objectives

Create true and enduring partnerships that deliver high quality research, which improves health care and has impact in Greater Manchester and beyond

- Innovating through research
- Getting evidence into practice
- Showing the difference it makes
- Developing people and organisations

The **CLAHRC Greater Manchester** is part of the National Institute for Health Research and is a partnership between providers and commissioners from the NHS, industry, the third sector and the University of Manchester **W:** clahrc-gm.nihr.ac.uk **E:** clahrc@srft.nhs.uk **T:** @CLAHRC_GM



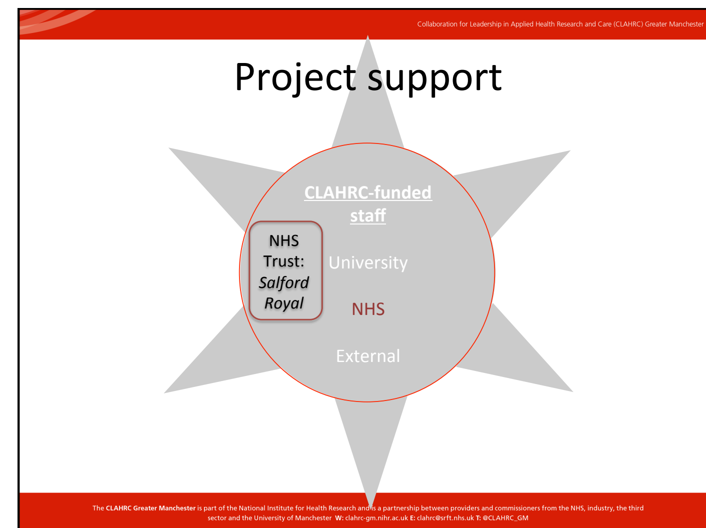


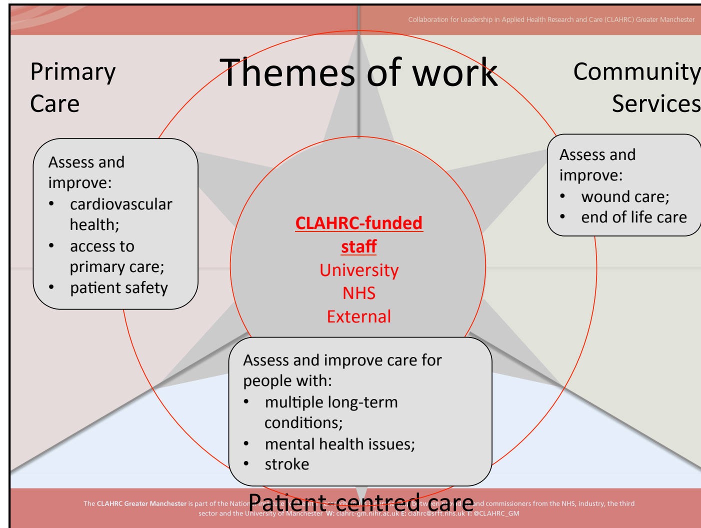
Senior Leadership Team

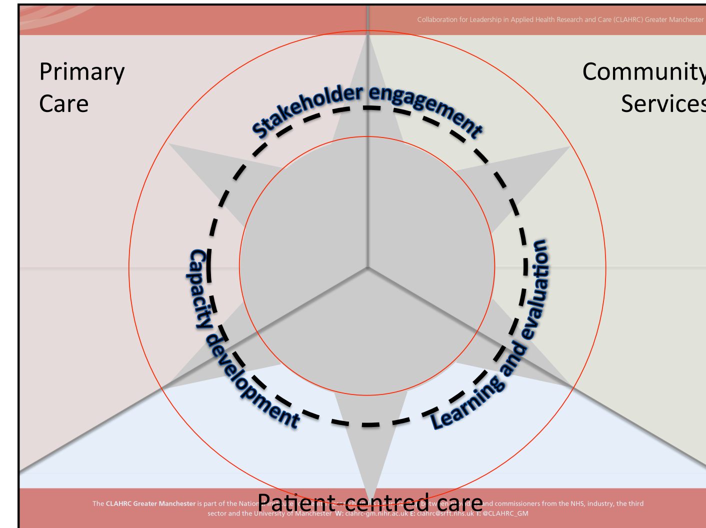
Director	*Prof. Ruth Boaden (MBS)*
Deputy Director	*Prof. Karen Luker (SNMSW)*
Chair of Board	Sir David Dalton

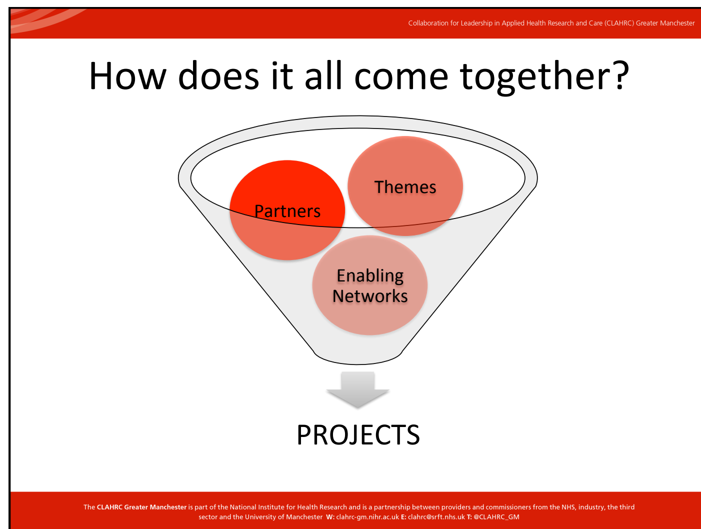
Theme	**Co-ordinators**
Patient-centred care	*Prof. Karina Lovell (SNMSW) & Dr Audrey Bowen (School of Psychological Sciences)*
Primary Care	*Dr Kath Checkland (Centre for Primary Care)*
Community Services	*Prof. Nicky Cullum (SNMSW)*

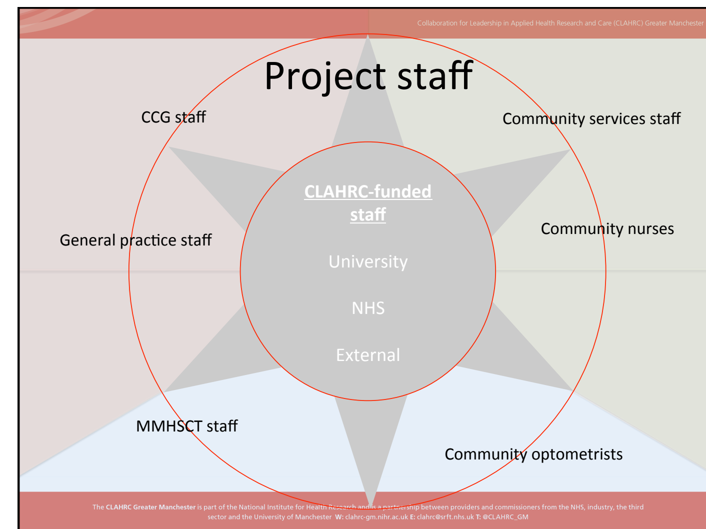
Operations and Projects Manager: Sue Wood
Engagement and Networks Manager: Joanne Thomas
Corporate Services Manager: Cathie Stokes

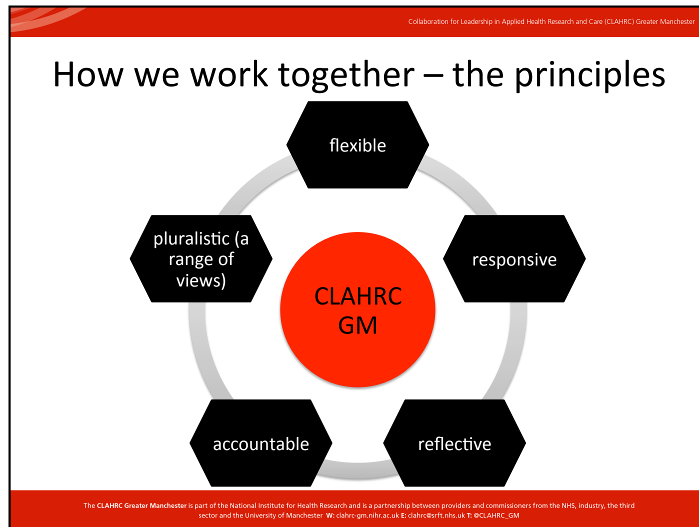


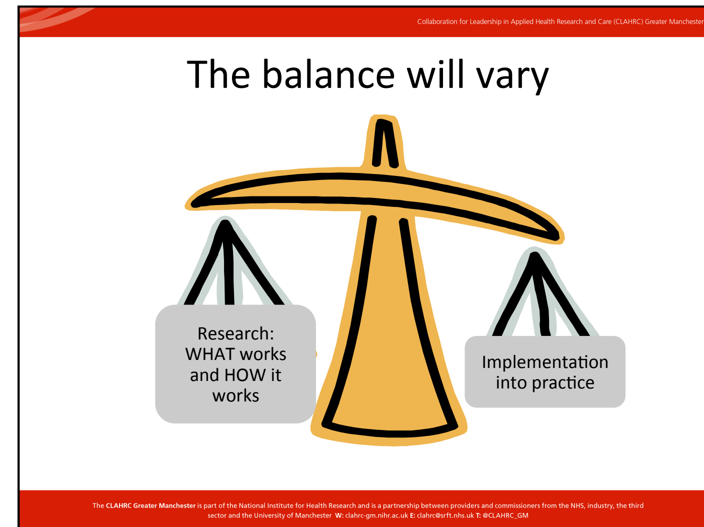

Themes of work
Primary Care
Community Services
Assess and improve:
• cardiovascular health;
• access to primary care;
• patient safety
CLAHRC-funded staff
University
NHS
External
Assess and improve:
• wound care;
• end of life care
Assess and improve care for people with:
• multiple long-term conditions;
• mental health issues;
• stroke
Patient-centred care


Primary Care
Community Services
Stakeholder engagement
Capacity development
Learning and evaluation
Patient-centred care


How does it all come together?
Partners
Themes
Enabling Networks
PROJECTS


Project staff
CCG staff
Community services staff
General practice staff
Community nurses
CLAHRC-funded staff
University
NHS
External
MMHSCT staff
Community optometrists



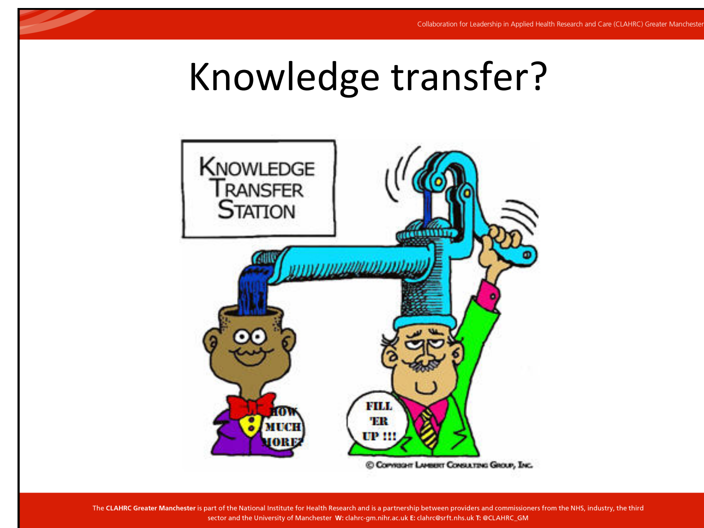


Collaboration for Leadership in Applied Health Research and Care (CLAHRC) Greater Manchester

A small (theoretical-ish) diversion

With thanks to Roman Kislov, Research Fellow, Manchester Business School

The **CLAHRC Greater Manchester** is part of the National Institute for Health Research and is a partnership between providers and commissioners from the NHS, industry, the third sector and the University of Manchester **W:** clahrc-gm.nihr.ac.uk **E:** clahrc@srft.nhs.uk **T:** @CLAHRC_GM



Knowledge mobilisation

- … is an emerging field of inquiry that seeks to strengthen connections between research, policy and practice across sectors, disciplines and countries, attempting to harness the benefits of research for organisational and societal improvement (Cooper and Levin 2010)
- … 'refers to moving available knowledge (often from formal research) into active use' (Wikipedia)

The **CLAHRC Greater Manchester** is part of the National Institute for Health Research and is a partnership between providers and commissioners from the NHS, industry, the third sector and the University of Manchester **W:** clahrc-gm.nihr.ac.uk **E:** clahrc@srft.nhs.uk **T:** @CLAHRC_GM

Collaboration for Leadership in Applied Health Research and Care (CLAHRC) Greater Manchester

Knowledge

- Knowledge has tacit and explicit components:

  'We can know more than we can tell'

  (Polanyi 1958)

- *Explicit knowledge* – codifiable, 'know-that' knowledge
- *Tacit knowledge* – implicit, 'know-how' knowledge, embedded in practical skills and expertise

The **CLAHRC Greater Manchester** is part of the National Institute for Health Research and is a partnership between providers and commissioners from the NHS, industry, the third sector and the University of Manchester **W:** clahrc-gm.nihr.ac.uk **E:** clahrc@srft.nhs.uk **T:** @CLAHRC_GM

Collaboration for Leadership in Applied Health Research and Care (CLAHRC) Greater Manchester

Hierarchy of evidence

'What works?'

Meta-Analysis/ Systematic Review

Randomized Controlled Trials

Experimental Designs

Cohort control studies

Case-Control studies

Case Series/Case Reports

Personal Communication

'Drug A is more effective than Drug B/ placebo in the treatment of disease X.'

The "biomedical" approach to evidence

The **CLAHRC Greater Manchester** is part of the National Institute for Health Research and is a partnership between providers and commissioners from the NHS, industry, the third sector and the University of Manchester **W:** clahrc-gm.nihr.ac.uk **E:** clahrc@srft.nhs.uk **T:** @CLAHRC_GM

Collaboration for Leadership in Applied Health Research and Care (CLAHRC) Greater Manchester

Evidence-based medicine: challenges

- Robust evidence is not sufficient to facilitate diffusion
- The interpretation of scientific evidence is socially constructed
- Hierarchies of evidence may be perceived differentially by different individuals and occupational groups
- Tacit/experiential knowledge is perceived as a persuasive form of evidence, which exists in a reciprocal relationship with scientific evidence
- Evidence is debated and weighed alongside other factors

(Dopson *et al.* 2002; Ferlie *et al.* 2000; Fitzgerald *et al.* 1999; 2002; 2003)

The **CLAHRC Greater Manchester** is part of the National Institute for Health Research and is a partnership between providers and commissioners from the NHS, industry, the third sector and the University of Manchester **W:** clahrc-gm.nihr.ac.uk **E:** clahrc@srft.nhs.uk **T:** @CLAHRC_GM

Collaboration for Leadership in Applied Health Research and Care (CLAHRC) Greater Manchester

Evidence-based implementation

- 'Evidence-based medicine should be complemented by evidence-based implementation' (Grol 1997)

'We know that drug A is effective in the treatment of X but how do we make clinicians use drug A instead of the traditional but less effective drug B?'

- Developing and using a robust evidence base to support the choice of implementation strategies and interventions aiming to increase the uptake of research in clinical practice

The CLAHRC Greater Manchester is part of the National Institute for Health Research and is a partnership between providers and commissioners from the NHS, industry, the third sector and the University of Manchester W: clahrc-gm.nihr.ac.uk E: clahrc@srft.nhs.uk T: @CLAHRC_GM

Collaboration for Leadership in Applied Health Research and Care (CLAHRC) Greater Manchester

Mechanisms for change

A single intervention may draw on one or more mechanism, of which five emerge as prevalent and important:

- **Dissemination** – tailored formats, active
- **Social influence** – experts and peers
- **Interaction** – stronger links between research & practice communities
- **Facilitation** – enabling through technical, financial, organisational, personal support/development
- **Incentives** (rewards) & reinforcement

Adapted from: Walter I, Nutley SM & Davies HTO (2003) Developing a Taxonomy of Interventions used to Increase the Impact of Research. Discussion Paper 3, Research Unit for Research Utilisation, University of St Andrews.

The CLAHRC Greater Manchester is part of the National Institute for Health Research and is a partnership between providers and commissioners from the NHS, industry, the third sector and the University of Manchester W: clahrc-gm.nihr.ac.uk E: clahrc@srft.nhs.uk T: @CLAHRC_GM

Collaboration for Leadership in Applied Health Research and Care (CLAHRC) Greater Manchester

Evidence of effectiveness for interventions to promote behavioural change among health professionals

Consistently effective	Variable effectiveness	Little or no effect
Educational outreach visits (for prescribing in North America)	**Audit and feedback** (or any summary of clinical performance)	**Educational materials** (distribution of recommendations for clinical care)
Reminders (manual or computerised)	The use of **local opinion leaders** (practitioners identified by their colleagues as influential)	**Didactic educational meetings** (such as lectures)
Multifaceted interventions (a combination that includes two or more of the following: audit and feedback, reminders, local consensus processes, or marketing)	**Local consensus processes** (inclusion of participating practitioners in discussions to ensure that they agree that the chosen clinical problem is important and the approach to managing the problem is appropriate)	
Interactive educational meetings (participation of healthcare providers in workshops that include discussion or practice)	**Patient mediated interventions** (any intervention aimed at changing the performance of healthcare providers for which specific information was sought from or given to patients)	(Bero *et al.* 1998)

The CLAHRC Greater Manchester is part of the National Institute for Health Research and is a partnership between providers and commissioners from the NHS, industry, the third sector and the University of Manchester W: clahrc-gm.nihr.ac.uk E: clahrc@srft.nhs.uk T: @CLAHRC_GM

Collaboration for Leadership in Applied Health Research and Care (CLAHRC) Greater Manchester

For example: ***'What works for whom, how and in what circumstances?'***

- Audit and feedback 'can be effective in improving professional practice' (Jamtvedt *et al.* 2006)

BUT

- What exactly does it include?
- How to conduct audit and feedback most effectively?
- In what contexts does it work and why?
- In what contexts does it not work and why?
- How should audit and feedback be facilitated?

The CLAHRC Greater Manchester is part of the National Institute for Health Research and is a partnership between providers and commissioners from the NHS, industry, the third sector and the University of Manchester W: clahrc-gm.nihr.ac.uk E: clahrc@srft.nhs.uk T: @CLAHRC_GM

Types of evidence to inform knowledge mobilisation

The "social science" approach to evidence

Type of evidence	*Description*
Theoretical	Ideas, concepts, and models used to describe the intervention, to explain how and why it works, and to connect it to a wider knowledge base and framework
Empirical	Information about the actual use of the intervention, and about its effectiveness and outcomes in use
Experiential	Information about people's experiences of the service or intervention, and the interaction between them

(Glasby *et al.* 2007)

Collaboration for Leadership in Applied Health Research and Care (CLAHRC) Greater Manchester

Some of our *theoretical* approaches

- Boundaries – sociocultural differences between groups that can lead to discontinuity in action or interaction (Akkerman and Bakker 2011)
- Communities of practice
- The Promoting Action on Research Implementation in Health Services (PARIHS) framework

The CLAHRC Greater Manchester is part of the National Institute for Health Research and is a partnership between providers and commissioners from the NHS, industry, the third sector and the University of Manchester W: clahrc-gm.nihr.ac.uk E: clahrc@srft.nhs.uk T: @CLAHRC_GM

Collaboration for Leadership in Applied Health Research and Care (CLAHRC) Greater Manchester

The *empirical* 'context'

For CLAHRC GM

The CLAHRC Greater Manchester is part of the National Institute for Health Research and is a partnership between providers and commissioners from the NHS, industry, the third sector and the University of Manchester W: clahrc-gm.nihr.ac.uk E: clahrc@srft.nhs.uk T: @CLAHRC_GM

Collaboration for Leadership in Applied Health Research and Care (CLAHRC) Greater Manchester

Partners

Primary Care

- **NHS Salford CCG**
- NHS Central Manchester CCG
- NHS Eastern Cheshire CCG
- Greater Manchester CCGs Service Transformation Team
- NHS England Greater Manchester Local Area Team (LAT)
- GM Academic Health Sciences Network (AHSN)

Community Services

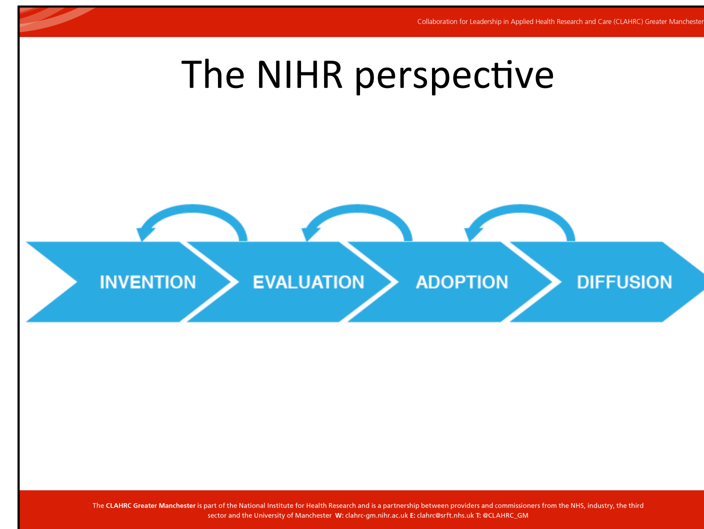
- Marie Curie
- Macmillan
- **Central Manchester University Hospitals NHS Foundation Trust (CMFT)**
- **Salford Royal NHS Foundation Trust (SRFT)**
- **University Hospital of South Manchester Foundation Trust (UHSM)**
- Pennine Care NHS Foundation Trust

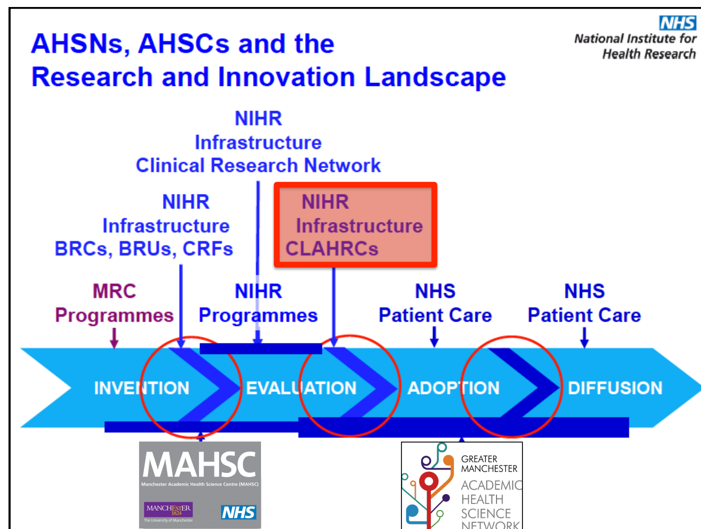
- **Manchester Mental Health and Social Care NHS Trust (MMHSCT)**
- Mental Health Matters and Inclusion Matters (Merseyside)
- South Staffordshire and Shropshire Partnership NHS Trust

- Heidelberg Engineering
- Arthritis UK Epidemiology Unit
- **Manchester Academic Health Sciences Centre (MAHSC)**
- The North of England Health e-Research Centre (HeRC)
- The Stroke Association

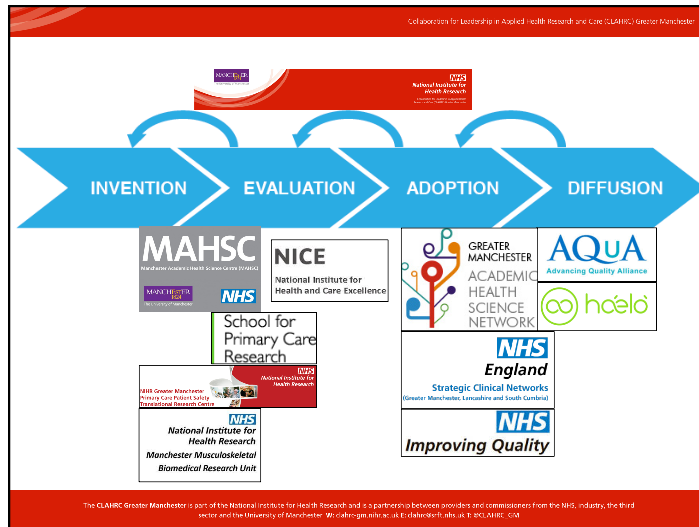
Patient-centred care

Collaboration for Leadership in Applied Health Research and Care (CLAHRC) Greater Manchester
Greater Manchester
BURY
ROCHDALE
BOLTON
OLDHAM
WIGAN
North
SALFORD
TAMESIDE
Central MANCHESTER
TRAFFORD
South
STOCKPORT
And beyond … East Cheshire, Merseyside


Collaboration for Leadership in Applied Health Research and Care (CLAHRC) Greater Manchester
The NIHR perspective
INVENTION
EVALUATION
ADOPTION
DIFFUSION


AHSNs, AHSCs and the Research and Innovation Landscape
NHS National Institute for Health Research
NIHR Infrastructure Clinical Research Network
NIHR Infrastructure BRCs, BRUs, CRFs
NIHR Infrastructure CLAHRCs
MRC Programmes
NIHR Programmes
NHS Patient Care
NHS Patient Care
INVENTION
EVALUATION
ADOPTION
DIFFUSION
MAHSC
GREATER MANCHESTER ACADEMIC HEALTH SCIENCE NETWORK

Collaboration for Leadership in Applied Health Research and Care (CLAHRC) Greater Manchester
The 'crowded landscape'
AQuA Advancing Quality Alliance
haelo
NHS National Institute for Health Research Manchester Musculoskeletal Biomedical Research Unit
NHS Improving Quality
NIHR Greater Manchester Primary Care Patient Safety Translational Research Centre
NICE National Institute for Health and Care Excellence
NHS England
Strategic Clinical Networks
School for Primary Care Research
MAHSC
NHS National Institute for Health Research Clinical Research Network
GREATER MANCHESTER ACADEMIC HEALTH SCIENCE NETWORK



Experiential evidence

"We had a nice neat linear model of research into practice, but if I've learned one thing through CLAHRC ... it's that the process isn't linear at all"

(CLAHRC Director – Clinical Academic)

Whose experience is this?

What I like about the CLAHRC is that it actually works with frontline general practices to implement evidence-based improvements in care. It pays attention to the local contextual factors, within and outside practices, which need to be addressed for those practices to improve. Research into the implementation process produces new learning that is fed back to improve the next round of improvement initiatives.

NIHR message to CLAHRCs

Take-Home Message

NHS National Institute for Health Research

- ✓ There are currently huge **opportunities** for health research
- ✓ There are also huge **expectations** on delivery - for patients and the economy
- ✓ **CLAHRCs are at the centre** of the opportunity and the expectation

The future?

The huge reward for me has been to see measurable improvements in the quality of patient care. The big challenge going forward is how to scale-up and improve upon this learning to reach general practices beyond the CLAHRC. For me, implementation research is the new frontier in primary care research.

Collaboration for Leadership in Applied Health Research and Care (CLAHRC) Greater Manchester

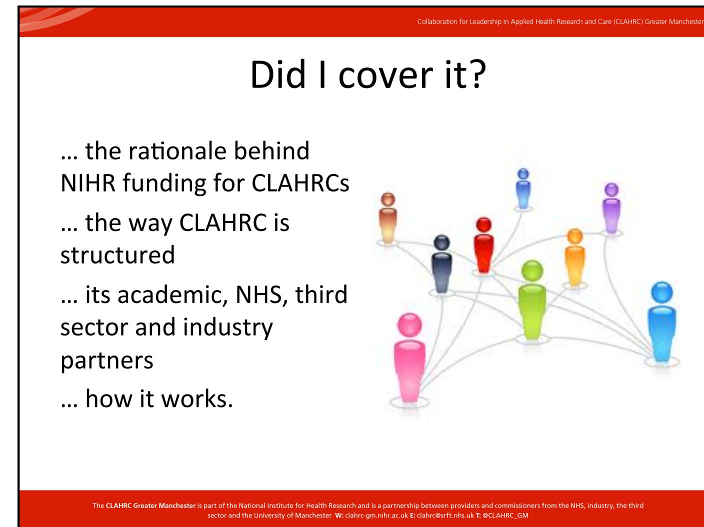
Did I cover it?

… the rationale behind NIHR funding for CLAHRCs

… the way CLAHRC is structured

… its academic, NHS, third sector and industry partners

… how it works.



The **CLAHRC Greater Manchester** is part of the National Institute for Health Research and is a partnership between providers and commissioners from the NHS, industry, the third sector and the University of Manchester W: clahrc-gm.nihr.ac.uk E: clahrc@srft.nhs.uk T: @CLAHRC_GM