

Mainstreaming research implementation: lessons from the CLAHRCs

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Collaboration for Leadership in Applied Health Research and Care

- Greater Manchester
- Birmingham and the Black Country
- Cambridge
- Leeds, York and Bradford
- Leicester, Northamptonshire and Rutland
- NW London
- Nottinghamshire, Derbyshire and Lincolnshire
- South Yorkshire
- Peninsula

Collaboration between a university and its local NHS trusts that will...



Conduct high quality health services research



Ensure knowledge gained from the research is translated into improved health care in the NHS

patient and public involvement

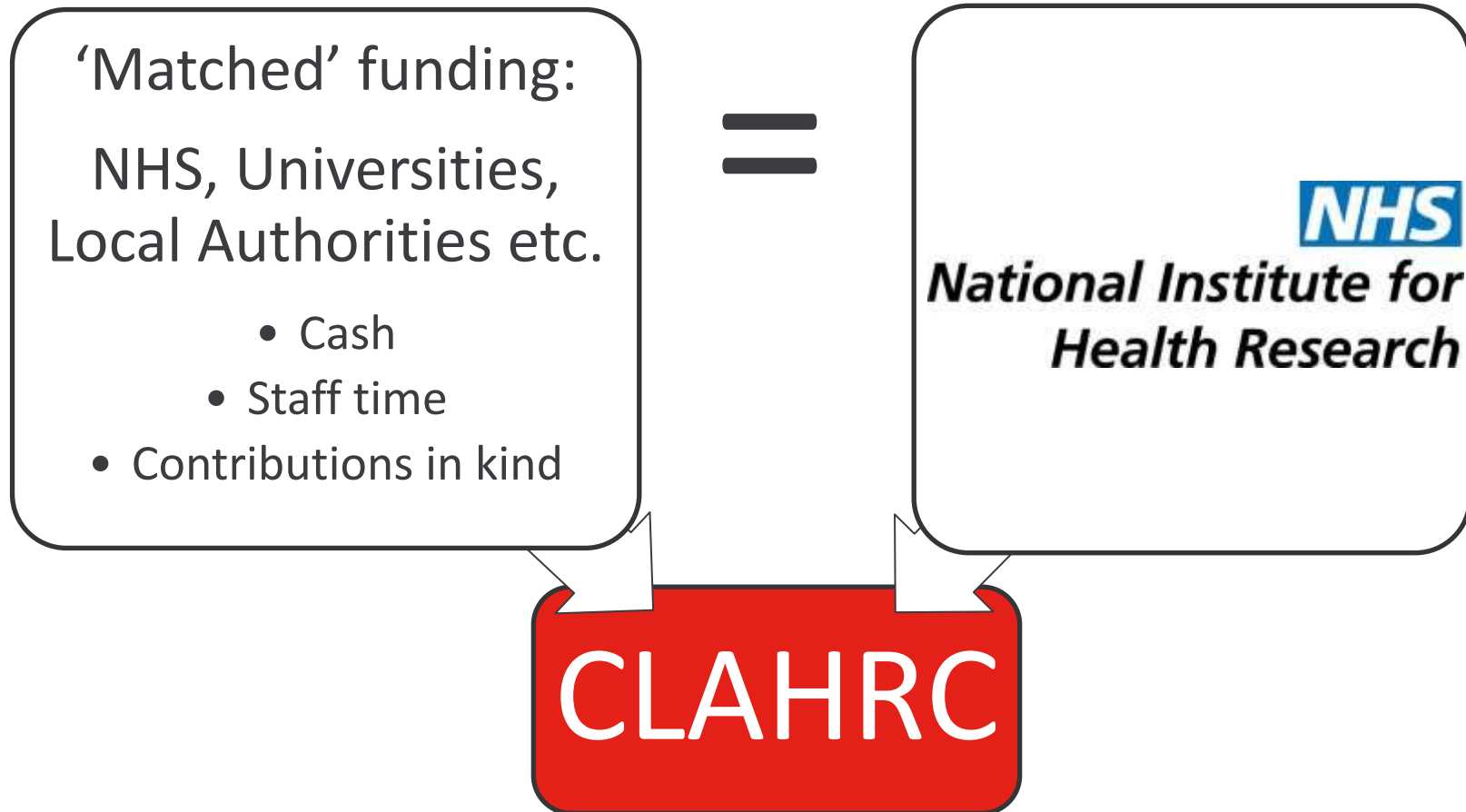
Similarities and differences between CLAHRCs

Collaboration
for
Leadership in
Appplied
Health
Research and
Care

Resources

- matched funding sources
- use of resources/structures

Funding



Similarities and differences between CLAHRCs

Collaboration
for
Leadership in
Appplied
Health
Research and
Care

Range of activities

- secondary/primary care
- long-term conditions/public health

Research and implementation

- order
- balance
- 'researching' vs. 'doing'
implementation
- the gap between 'knowing' and
'doing'

CLAHRCs as defined by NIHR

CLAHRCs address the “second gap in translation” identified in Sir David Cooksey’s Review of UK Health Research Funding

- 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

Research into practice

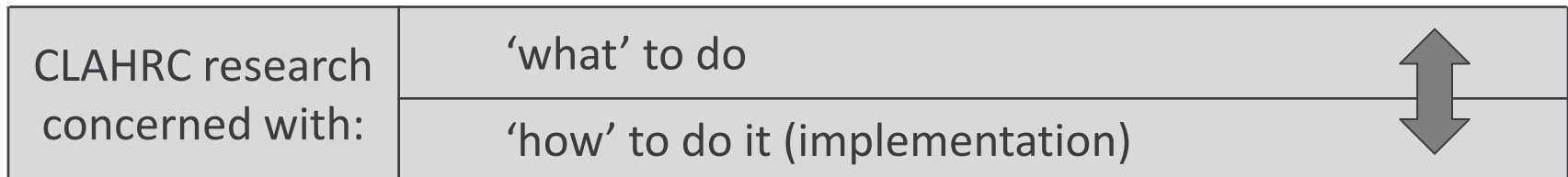
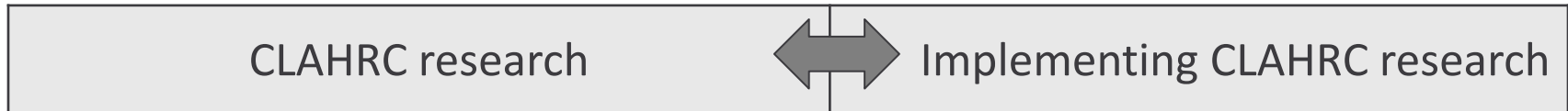
*... the implementation of
research into practice is a
complex and messy task
[but]
conceptual models
describing the process still
tend to be uni-dimensional,
suggesting some linearity
and logic*

(Kitson, Harvey & McCormack, 1998)

*“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)

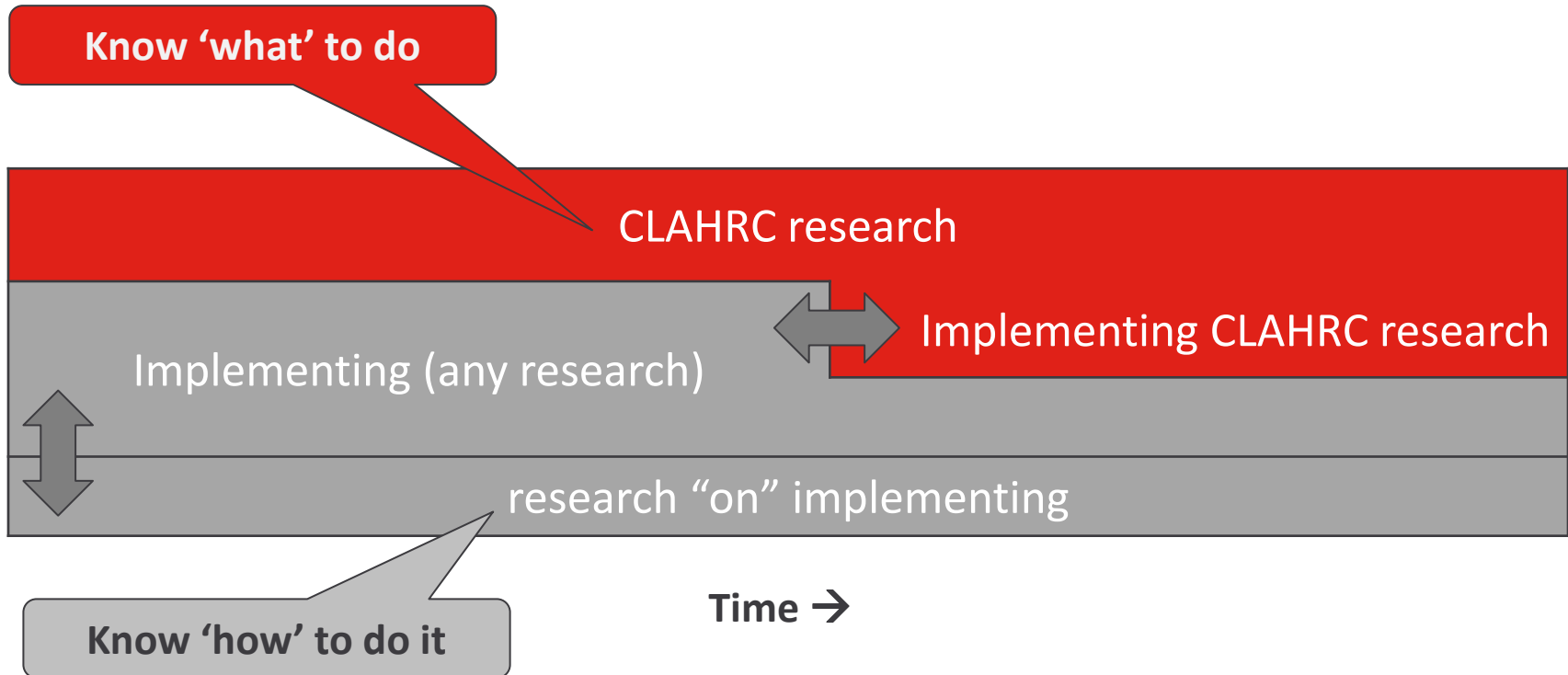
Research and implementation over time



Time →

Implementation research ‘...is **the scientific study of methods to promote the systematic uptake of clinical research findings and other evidence-based practices into routine practice**, and hence to improve the quality.....of health care. It includes the study of influences on healthcare professional and organisational behaviour.’

Research and implementation in GM CLAHRC



Bridging the gap?

←Improvement teams→

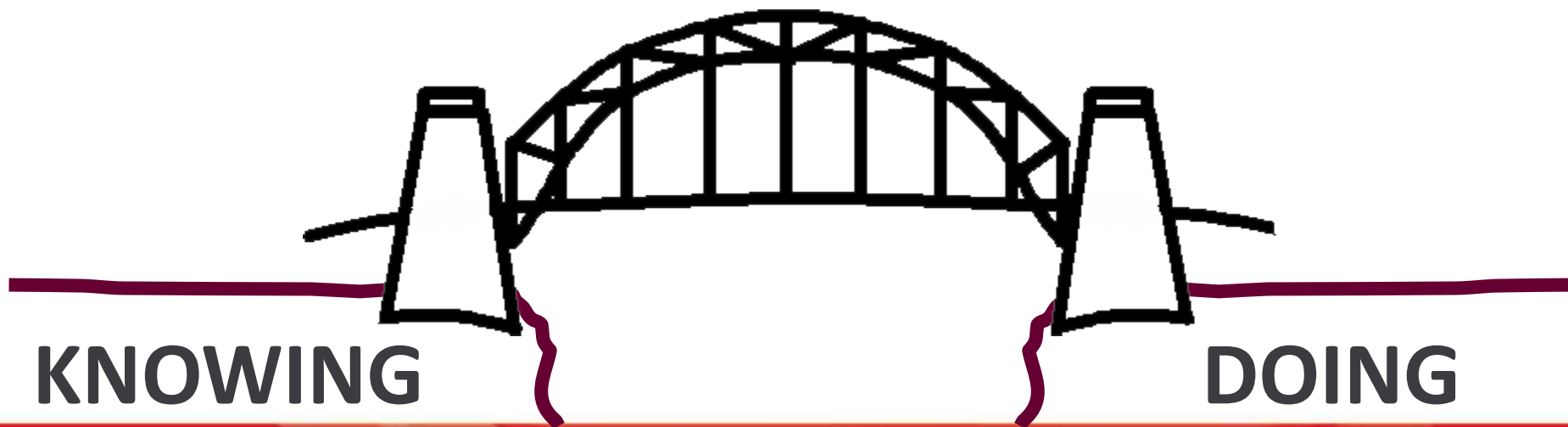
←Knowledge brokers→

←Clinical academics→

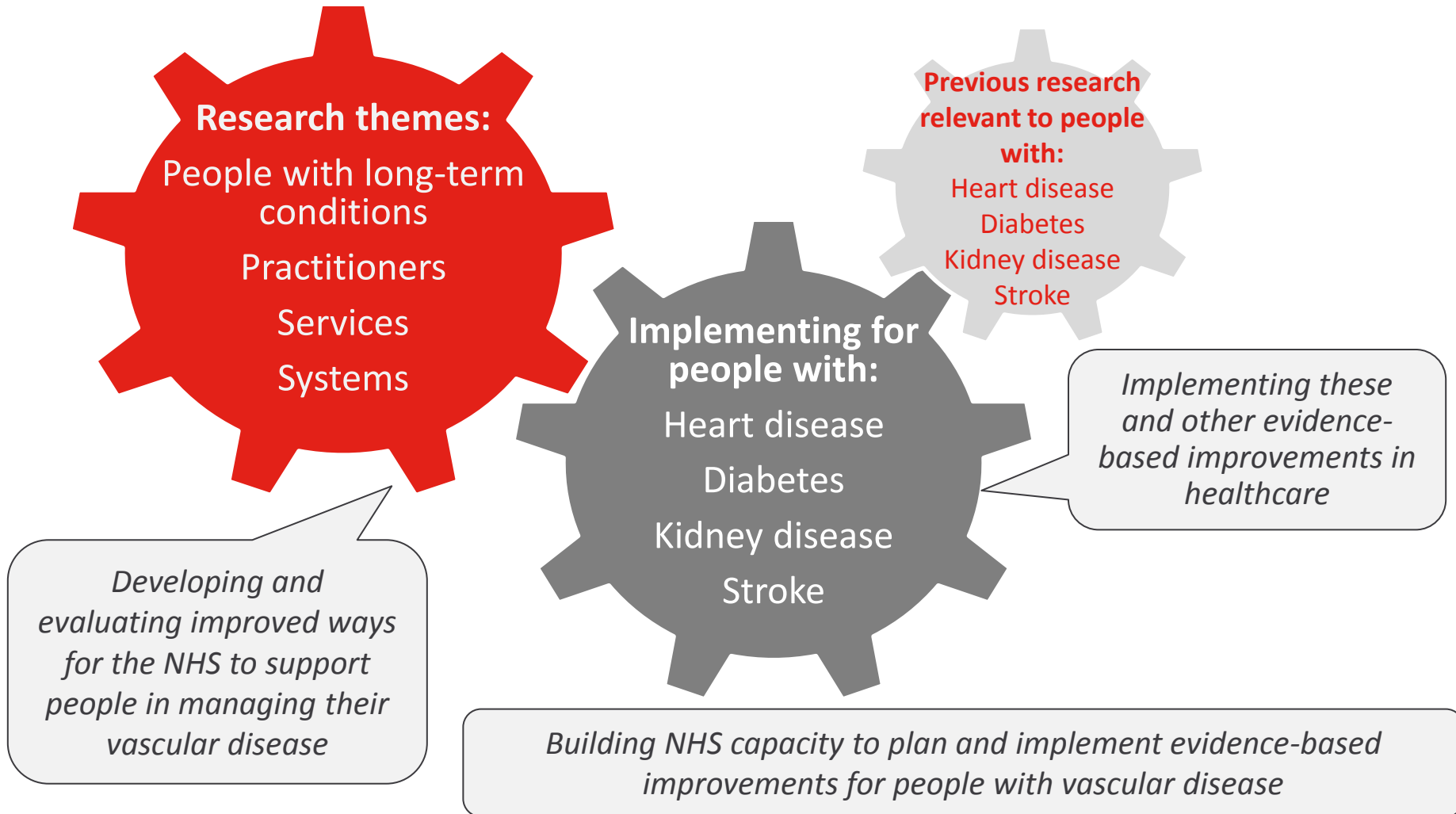
Health Services researchers→

Academic placement fellows→

←Diffusion Fellows



NIHR CLAHRC for Greater Manchester



Achievements to date and forward focus

Research themes:

- Patient self management and support
- Supporting patients with depression and vascular disease
- Appropriate CKD referrals in and out of secondary care
- Systems to simulate the effects of change

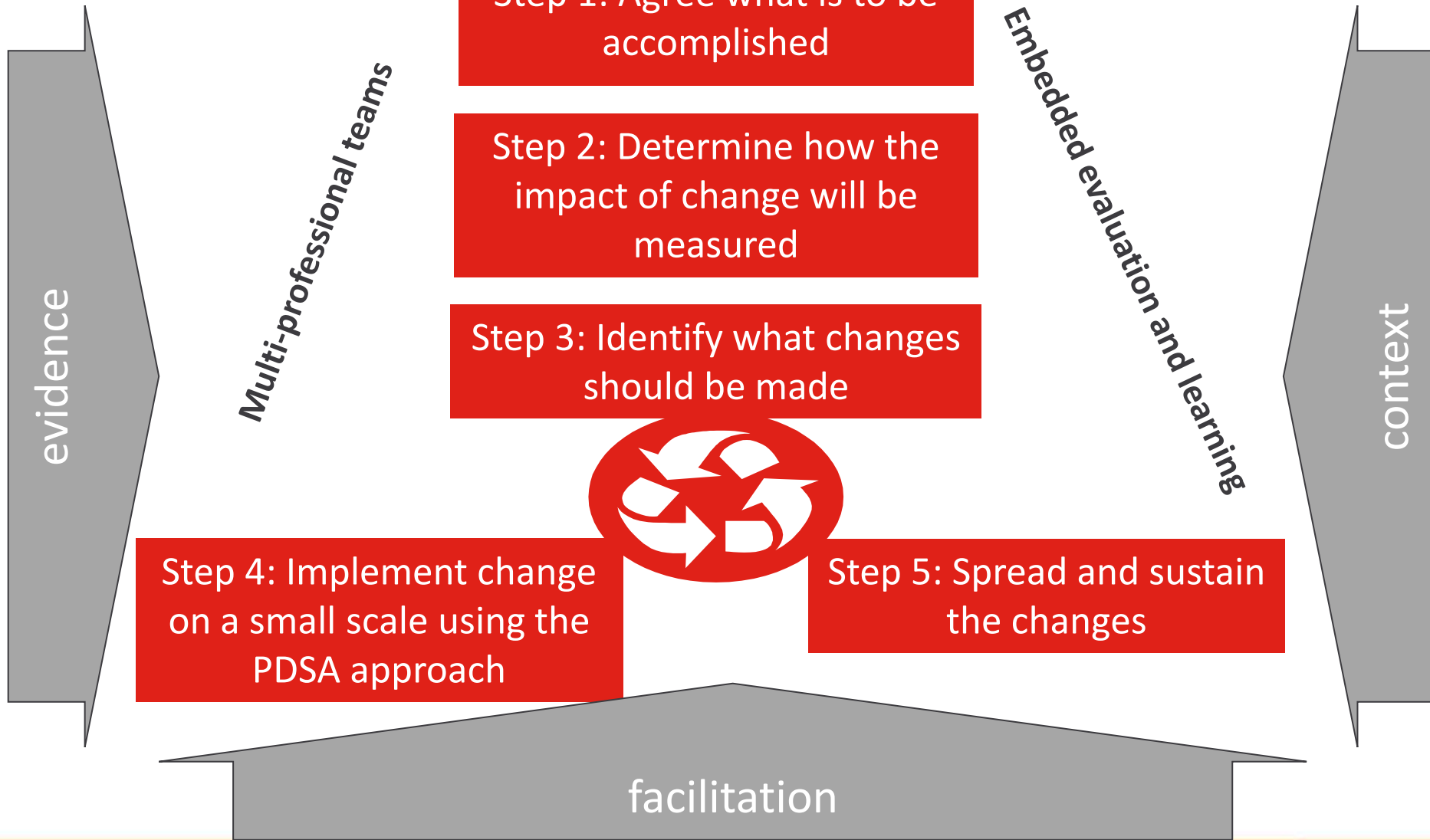
Know 'what' to do

People with
vascular
disease

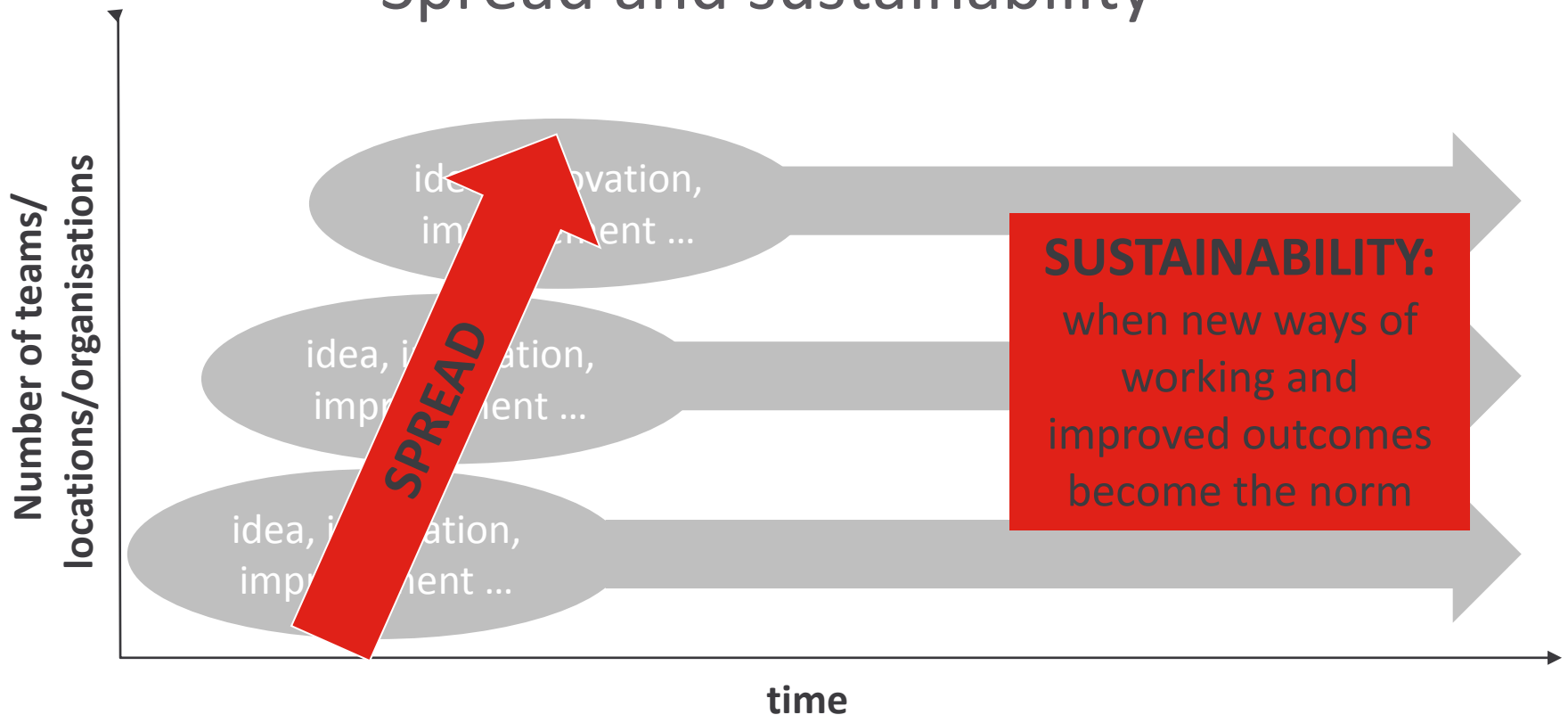
- Post-stroke assessment tool (as required by the National Stroke Strategy)
- Improving identification and primary care management of early stage CKD patients
- Audit and education to achieve 'best practice standards' in the management of people with heart failure
- Lifestyle support for IGT patients using telephone services or Health Trainers

Know 'how' to do it

GM approach to implementation



Spread and sustainability



Evidence consistently suggests that spread ... depends on more than good ideas and willing adopters ... it is a complex social process

(Buchanan et al, 2007, p.263)

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Resources

- matched funding is vulnerable

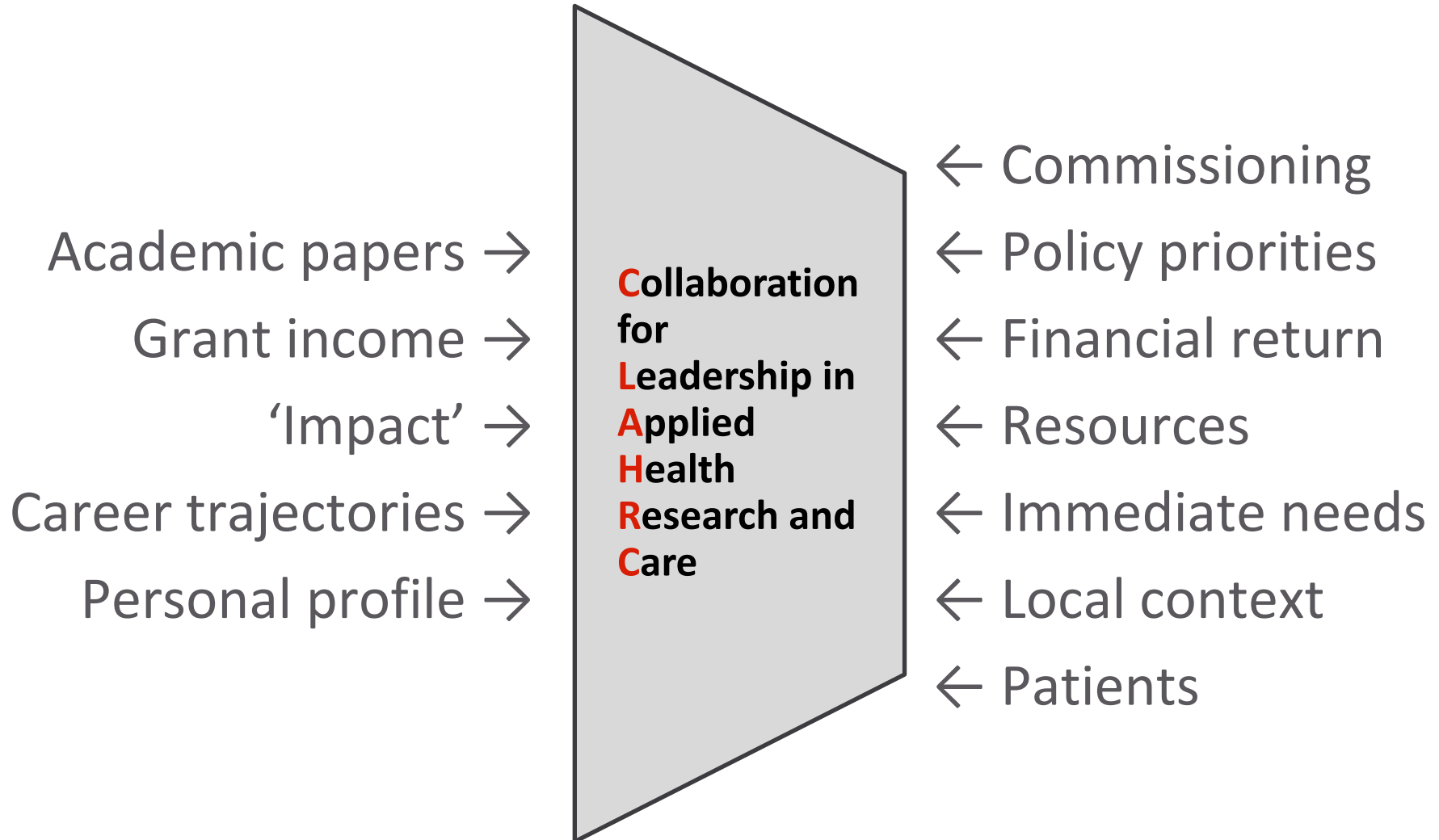
Range of activities

- context matters
- networks, relationships and communications matter

Research and implementation

- there is a gap
 - timescales vary
 - priorities may not align
 - incentives are different
- cost benefit is important to the NHS
- evidence about 'what' isn't enough
- evidence about 'how' is important
 - improvement methods are useful

The forces at work



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Research and implementation

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 - timescales vary
 - priorities may not align
 - incentives are different
- cost benefit is important to the NHS
- evidence about 'what' isn't enough
- evidence about 'how' is important
 - improvement methods are useful

“Reflections on the moral foundations of improvement”

(Davidoff, 2011)

Snails →

implementing clinical interventions before their efficacy and safety are rigorously established is morally suspect

can result in ineffective, wasteful and potentially harmful actions.

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Research and
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← *Evangelists*

demanding ‘hard’ proof of efficacy and safety before implementing every intervention is morally suspect

can delay and obstruct the on-the-ground learning needed to fix ineffective, inefficient and sometimes dangerous existing clinical practices

Challenges for CLAHRCs

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CLAHRCs join up the “*duty to research, innovate, learn and change*”

Be a solution: don't polarise

Articulate and tailor messages for
different audiences

Re-financing and creative second term
objectives are needed now

(NHS Chief Executive, Chair of CLAHRC Board)

References

- Buchanan, D., Fitzgerald, L., & Ketley, D. (2007). ***The sustainability and spread of organizational change***. Abingdon: Routledge
- Cooksey, D. (2006) 'A review of UK health research funding'.
- Davidoff, F. (2011) 'Systems of service: reflections on the moral foundations of improvement'. ***BMJ Quality & Safety***, 20(Suppl 1): i5-i10
- Kitson, A., Harvey, G., & McCormack, B. (1998) 'Enabling the implementation of evidence based practice: a conceptual framework'. ***Quality in Health Care***, 7(3): 149-158
- http://www.nihr.ac.uk/infrastructure/Pages/infrastructure_clahrc_s.aspx