

The Greater Manchester CLAHRC approach to implementation: knowledge, transfer and partnerships

Professor Ruth Boaden

Deputy Director and lead for Implementation

Professor of Service Operations

Management, Manchester Business School

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

The NIHR CLAHRC for Greater Manchester is a collaboration of Greater Manchester NHS Trusts and the University of Manchester, and is part of the National Institute of Health Research

Objectives

- a) to develop and evaluate a series of inter-related interventions to support patient self-management and ***improve quality of care for people with chronic vascular disease*** (the research strand);
- b) to implement these and other evidence-based interventions in NHS Trusts across Greater Manchester to ***improve health care provision and reduce inequalities*** (the implementation strand);
- c) to build ***NHS capacity to plan and implement evidence-based changes*** to care pathways for people with vascular disease through close working and knowledge transfer between University researchers and NHS providers and commissioners

The Collaboration

University of Manchester and:

- ***All 10 Greater Manchester Primary Care Trusts***
 - 6 Acute Trusts
 - All 3 Mental Health Trusts
 - Ambulance Trust
-
- Focus on primary care and its interface with secondary care

Framework for change

Step 1: Agree what is to be accomplished

Step 2: Determine how the impact of change will be measured

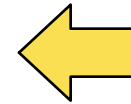
Step 3: Identify what changes should be made

Step 4: Implement change on a small scale using the PDSA approach

Step 5: Sustain and spread change

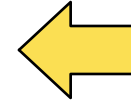
Model for improvement

What are we trying to accomplish?



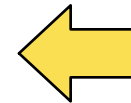
goals and aims

How will we know that a change is an improvement?

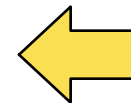
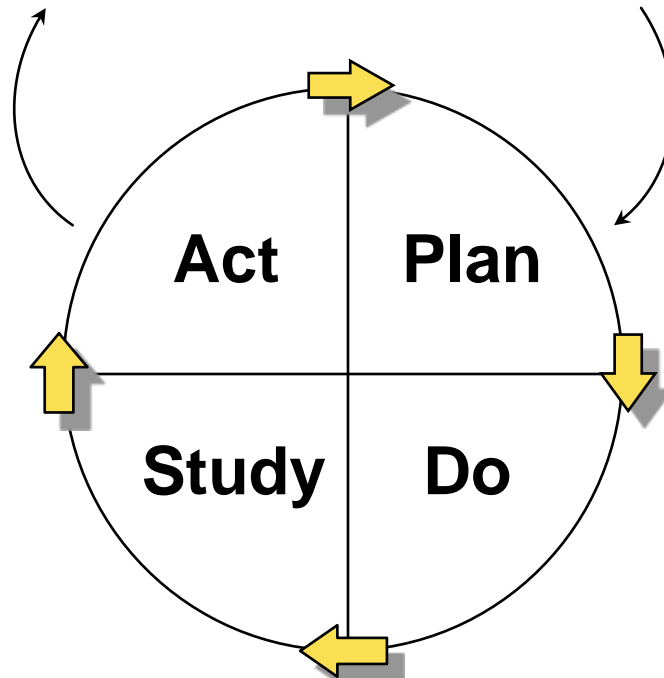


measurements

What changes can we make that will result in the improvements that we seek ?



change ideas

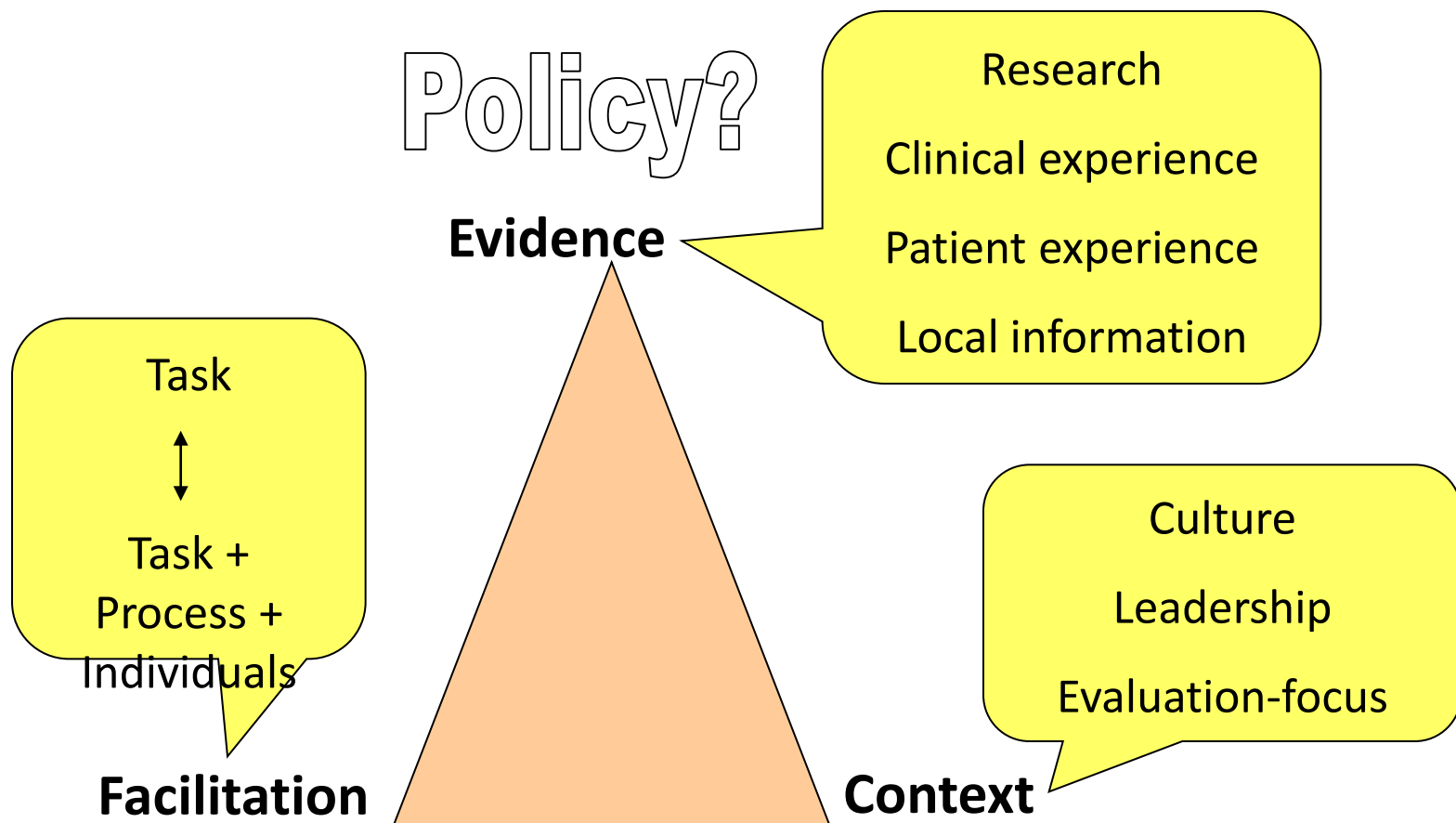


testing ideas before spreading and sustaining changes

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The PARiHS framework



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Rycroft-Malone et al (2002)

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Objectives achieved through:

- 4 Research Themes:

- People with long-term conditions
- Practitioners
- Services
- Systems

WISE:

Whole-system Informing
Self-management
Engagement

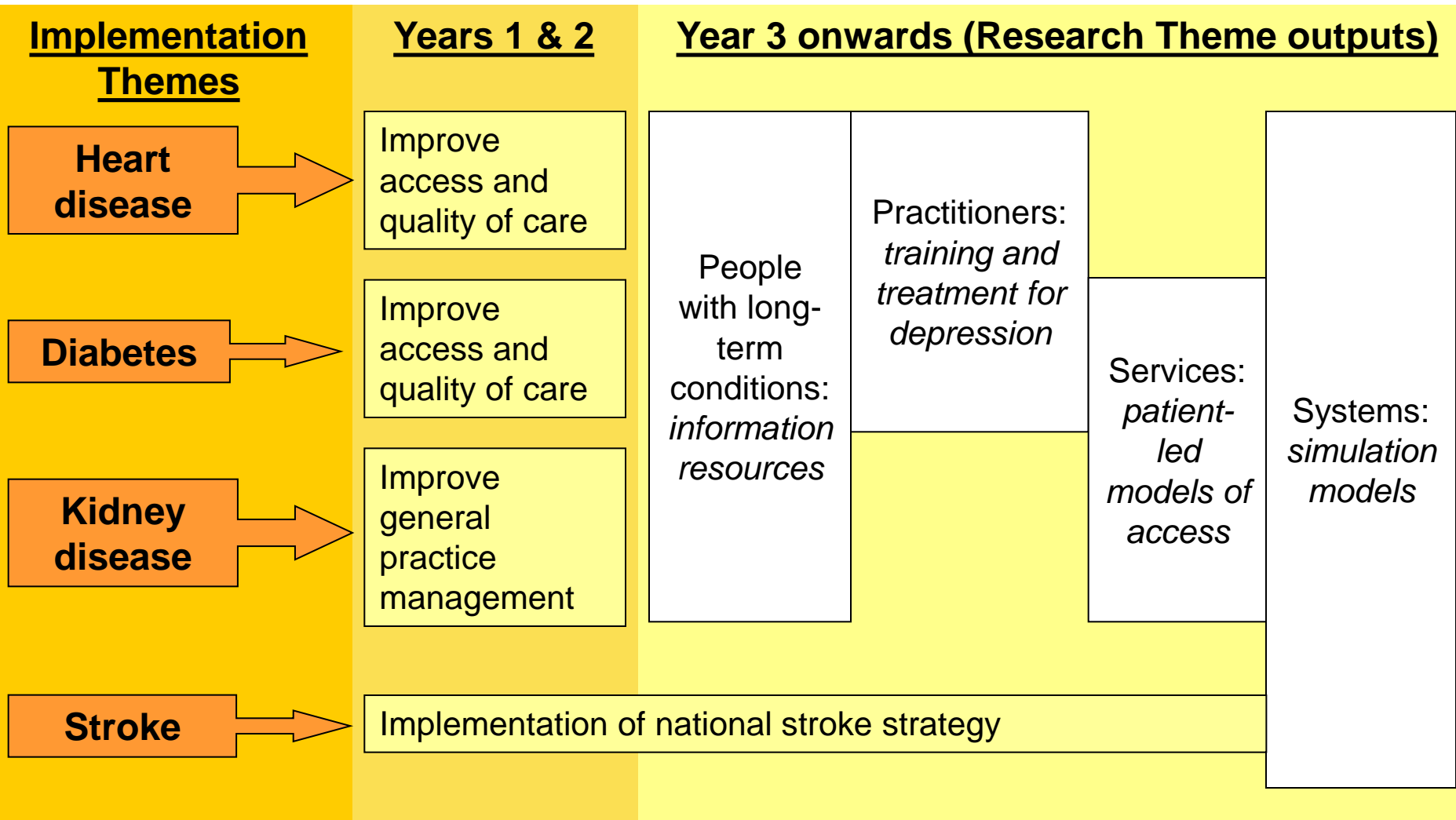
- 4 Implementation Themes:

- Heart disease
- Diabetes
- Kidney disease
- Stroke

Framework for change:

Based on Promoting Action on
Research Implementation In Health
Services (PARiHS) framework
and the Model for Improvement

Implementation over 5 years



All Implementation Themes can implement outputs from the Research Themes when available, as they wish and as appropriate

Absorptive capacity

Shaped by external factors such as:

- The wider environmental conditions
- The characteristics of knowledge
- The learning relationships – how the organization works with other stakeholders

Also a product of internal factors such as:

- The organization's "mental models" or paradigm
- The existence of organizational strategies which make the purpose and direction clear
- The existence of basic organizational structures and processes for managing or enacting knowledge mobilization
- *"a process perspective on absorptive capacity should include the role of power in the way knowledge is absorbed by organizations, and provide better understanding of the nature of boundaries within and around organizations."* (Easterby Smith et al, 2008)

The limits of the concept?

- What is a primary care organisation?
 - Networks
 - Practice-based commissioning groups
 - PCTs
 - General practices
 - Individual ‘mavericks’
- Disciplines within the clinical field and outside it
- The knowledge of researchers

Knowledge Transfer Partnerships



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<http://www.ktponline.org.uk/>

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Knowledge Transfer Partnerships

- “Knowledge Transfer Associate” (KTA) works in the NHS, with supervision provided jointly by a University academic and NHS staff.
- Our previous experience shows that
 - embedding KTAs in the organisation enables them to be seen as a non-threatening source of guidance and support
 - Relatively young graduates drawn from industry without clinical or NHS experience are effective in this role
 - many have found their experience as Associates has launched them on a career in the NHS

GM CLAHRC KTAs

- We have employed 2 staff with more NHS experience as part of the initial team of 8 KTAs
- In future years we plan to recruit young clinicians as KTAs, so developing career pathways for clinician-managers
- Main role is to support and facilitate the implementation of the change – not to do the change

The GM CLAHRC

- *Knowledge* of the implementation process
 - In theory
 - In practice (pragmatic academics?)
- *Transfer* through the KTA
 - Two-way since university also gains knowledge
- *Partnership* through CLAHRC structures
 - With NHS staff
 - With university staff
 - With researchers

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