Knowledge Transfer in Practice:
The Greater Manchester Approach

16th November 2011

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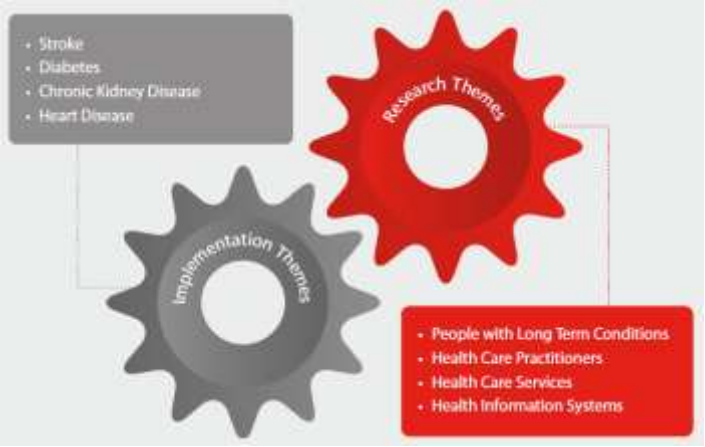
Developing an Implementation Approach

- Implementation programme focused on implementing research evidence relevant to clinical areas.
- Clear focus on vascular disease- cardiac, stroke, diabetes & chronic kidney disease.
- Individually designed projects within each and across disease areas.
- **However, all underpinned by the same general founding principles, to:**

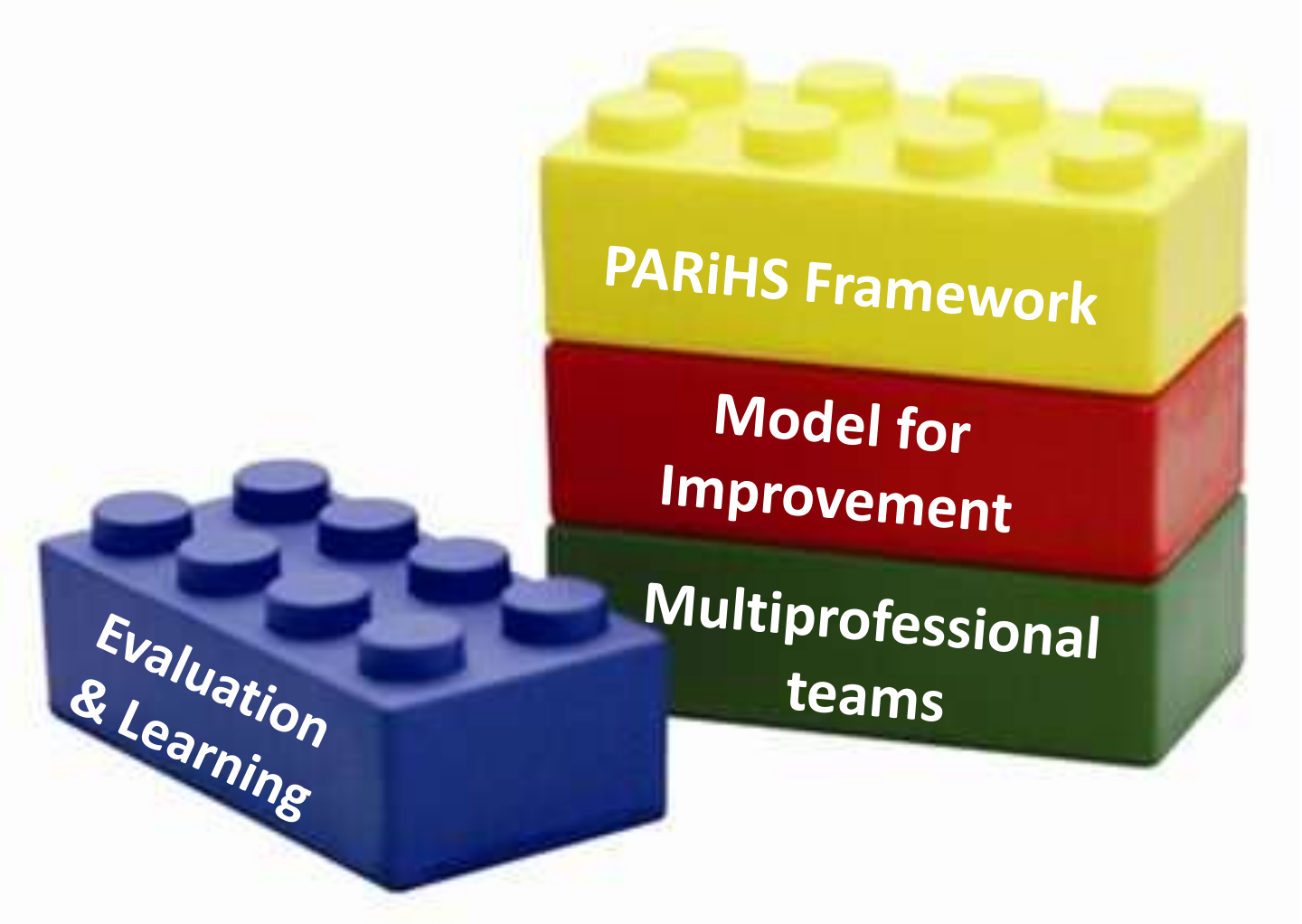
  - **maximise chances of success.**
  - **generate learning**
  - **promote interconnectedness of the implementation programme.**



8 key principles

1. Evidence is broader than research
2. Good research is not enough to guarantee its uptake in practice
3. Rationale/linear models are inadequate in planning and undertaking implementation
4. Acknowledgements of and responsiveness to the context of implementation
5. The need for tailored, multi-faceted approaches to implementation
6. Importance of forming networks and building good relationships
7. Individuals in designated roles to lead and facilitate the implementation process
8. Integrated approach to the production and use of evidence about implementation

4 building blocks



PARiHS

Promoting Action on Research Implementation in Health Services (PARIHS)

Successful implementation

= f (E, F, C)

E = evidence

F = facilitation

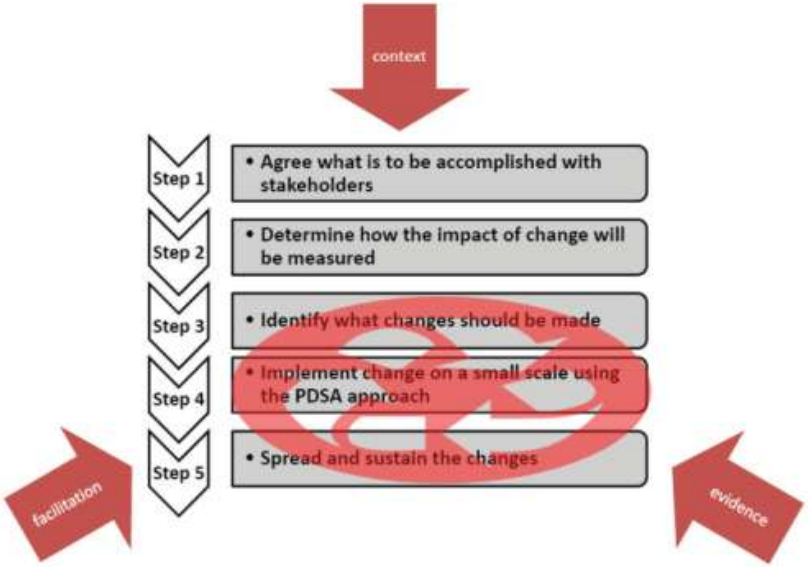
C = context

Evidence
- Research
- Clinical Experience
- Patient Experience
- Local Information

Facilitation
- Appropriate
- Purpose
- Role
- Skills

Context
- Culture
- Leadership
- Evaluation

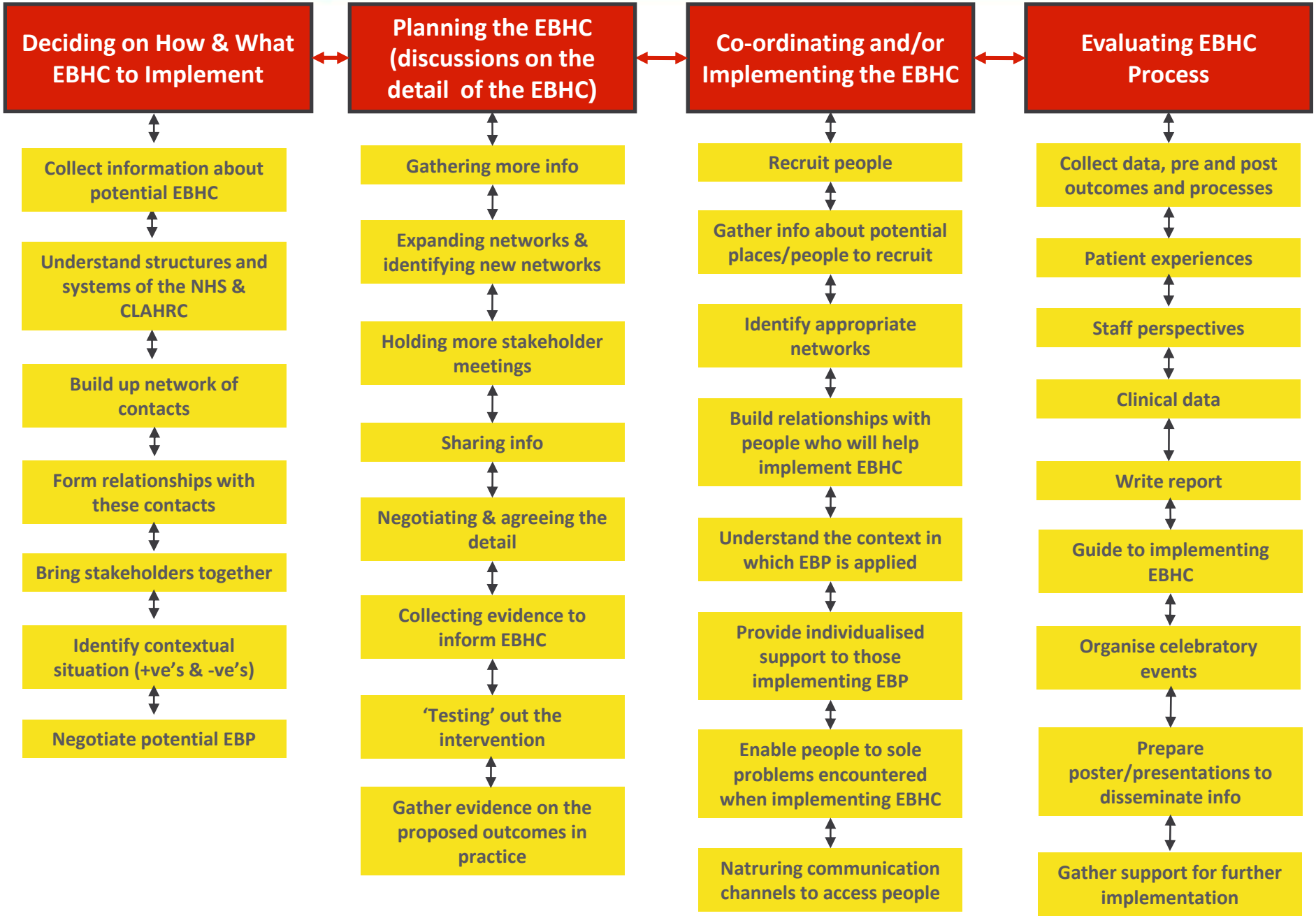
Model for Improvement



Embedded evaluation and learning

- GM CLAHRC have attempted to build a process of ongoing learning, development and reflection into the KTA role.
- A **co-operative inquiry group** (a form of action research) has been created to ensure the learning about implementation is systematically shared, collected and analysed to add to the wider knowledge base about effective implementation.
- The KTAs met on a monthly basis as a **cooperative enquiry** group, facilitated by a member of the CLAHRC team with expertise in action research. Some KTAs also kept a journal/log to supplement the sessions.
- KTA's developed 4 questions to focus their thoughts:

1. Do **frameworks** assist KTAs to implement evidence into practice
2. How do **relationships** facilitate change
3. How do KTAs use **evidence** to influence change
4. What **influences** the approach of KTAs


Deciding on How & What EBHC to Implement
Collect information about potential EBHC
Understand structures and systems of the NHS & CLAHRC
Build up network of contacts
Form relationships with these contacts
Bring stakeholders together
Identify contextual situation (+ve's & -ve's)
Negotiate potential EBP
Planning the EBHC (discussions on the detail of the EBHC)
Gathering more info
Expanding networks & identifying new networks
Holding more stakeholder meetings
Sharing info
Negotiating & agreeing the detail
Collecting evidence to inform EBHC
'Testing' out the intervention
Gather evidence on the proposed outcomes in practice
Co-ordinating and/or Implementing the EBHC
Recruit people
Gather info about potential places/people to recruit
Identify appropriate networks
Build relationships with people who will help implement EBHC
Understand the context in which EBP is applied
Provide individualised support to those implementing EBP
Enable people to sole problems encountered when implementing EBHC
Natruring communication channels to access people
Evaluating EBHC Process
Collect data, pre and post outcomes and processes
Patient experiences
Staff perspectives
Clinical data
Write report
Guide to implementing EBHC
Organise celebratory events
Prepare poster/presentations to disseminate info
Gather support for further implementation

Skills of the KTA

- Record keeping
- Information systems management
- Diary keeping
- Scheduling meetings
- Mapping structures and systems
- Good IT skills (word/excel/powerpoint)
- Report writing
- Communication Skills:
  - •Audio
  - •Face2face
  - •Telephone
  - •Email
- Charing meetings
- Planning stakeholder meetings
- Presentation skills
- Identify barriers and blockers
- Mediation:
  - •One on one
  - •HCP groups
  - •Patient groups
- Assimilate, synthesise and summarise information and evidence
- Apply evidence into practice with practitioners
- Solve problems with practitioners
- Recruit people
- Understand the context
- Empathise with people
- Build good and strong relationships
- Interrogate databases
- Interrogate databases
- Interviewing skills
- Quantitative and qualitative data analysis
- Disseminating skills:
  - •Posters
  - •Presentations
  - •Guides
- Flexibility

Research Skills

Interpersonal Skills

Organisation and Project Management Skills

Change Management Skills

Reflection/Learning Points

Model for Improvement

PARiHS

- ✓ Thought Provoking
- ✓ Flexible
- ✓ Guiding

BUT

Provides limited guidance to the specifics related to the day to day of implementing EBHC

- Non Linear
- Context
- Relationships
- Behaviour Change

Potential Challenges

The models utilised by GM CLAHRC have been helpful. But there are limitations in guiding practical day to day operational matters and KTA roles:

- Changing political environment
- Wide context variations (at all levels)
- Policy over practicality
- Short term over long term thinking
- Bureaucracy

Due to the inherent 'messy' nature of implementation (as established by PARiHS) is it possible to create an absolute one size fits all operational approach to Knowledge Transfer???

OR……

Are overarching Frameworks combined with practical orientated Behavioural and Change theories, the best we are going to get???