

Research into practice: How can we do it?

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The research 'pipeline'

“Research”



WHAT works?



A hierarchy of evidence



Level I	<ul style="list-style-type: none"> • Experimental study, randomized controlled trial (RCT) • Systematic review of RCTs, with or without meta-analysis
Level II	<ul style="list-style-type: none"> • Quasi-experimental Study • Systematic review of a combination of RCTs and quasi-experimental, or quasi-experimental studies only, with or without meta-analysis.
Level III	<ul style="list-style-type: none"> • Non-experimental study • Systematic review of a combination of RCTs, quasi-experimental and non-experimental, or non-experimental studies only, with or without meta-analysis. • Qualitative study or systematic review, with or without meta-analysis
Level IV	<ul style="list-style-type: none"> • Opinion of respected authorities and/or nationally recognized expert committees/consensus panels based on scientific evidence. • Includes clinical practice guidelines and consensus panels
Level V	<ul style="list-style-type: none"> • Based on experiential and non-research evidence. • Includes literature reviews, quality improvement, program or financial evaluation, case reports and opinion of nationally recognized expert(s) based on experiential evidence

1st and 2nd gaps in translation

T1

process of transferring basic science into new drugs and technologies.

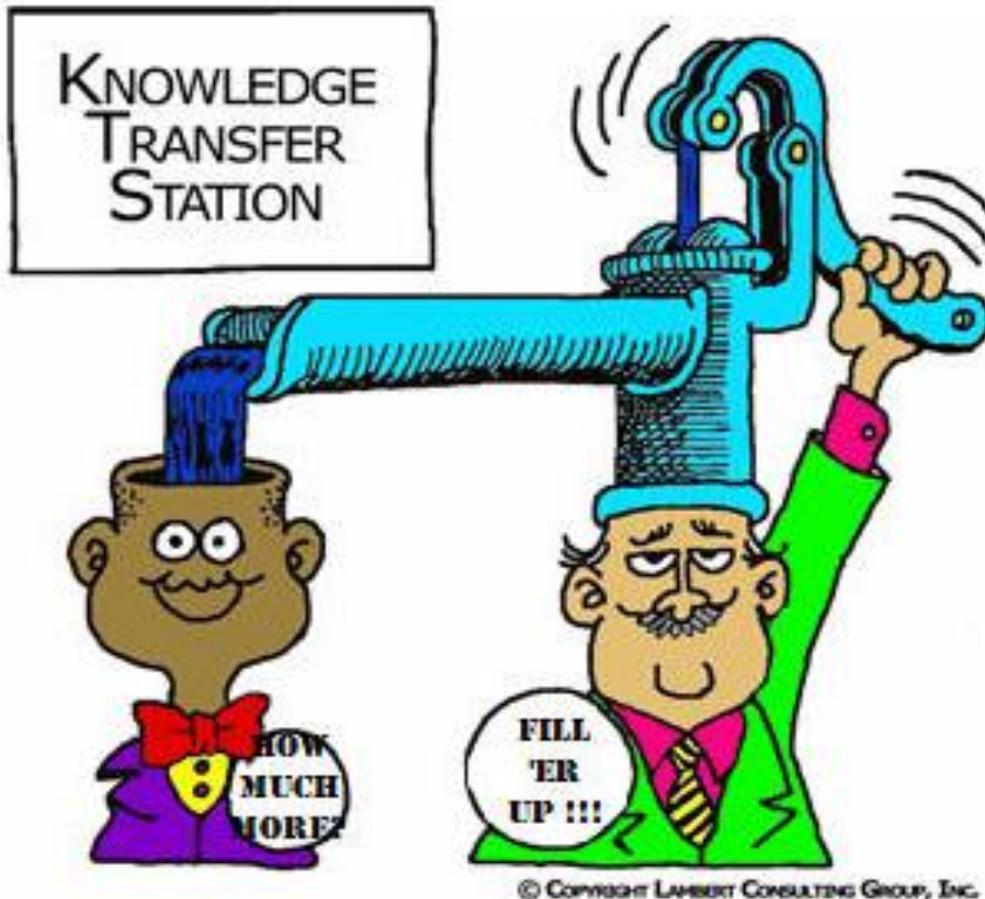
T2

process of taking current scientific knowledge and ensuring it is applied routinely in clinical practice and care



Woolf SH: The Meaning of Translational Research and Why it Matters. *JAMA* 2008, 299:211-213, and the Cooksey Report 2006

Knowledge transfer



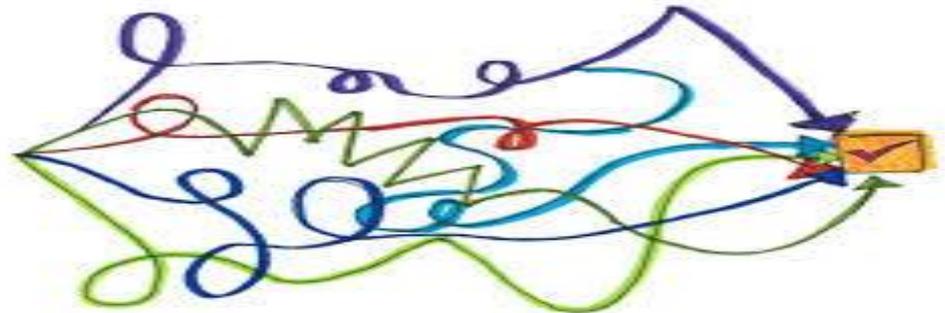
- **Focus on individual** (behaviour)
- **Evidence as a product** (e.g. guideline)
- **Linear** – logical view of evidence use (*push*)
- **Lack of consideration of the influence of context** of practice/service delivery (*pull*)

Understanding how “research” is used

“Research”



WHAT works?



HOW does it work?

INVENTION

EVALUATION

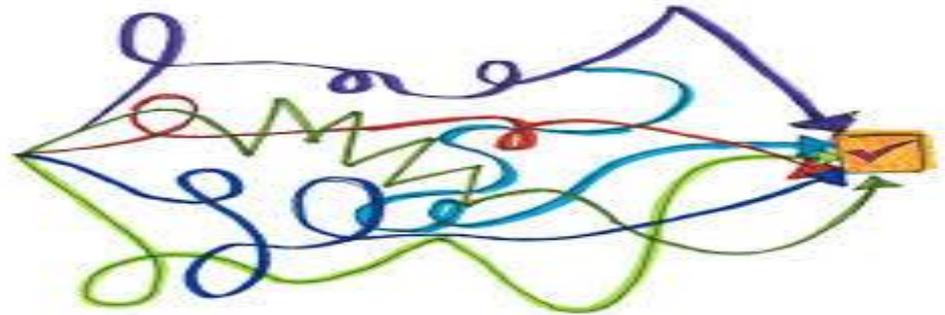
Context matters

'Research' into WHAT and HOW

"Research"



WHAT works?



HOW does it work?

INVENTION

EVALUATION

Context matters

Evidence-based implementation

- *‘Evidence-based medicine should be complemented by evidence-based implementation’* (Grol 1997)

The study of this process is *‘implementation science’*:

- Study of methods to promote the uptake of **proven** clinical practices and organisational interventions into policy and practice
- Study of implementation **processes, fidelity** and **context**
- Study of influences on **provider, patient and organisational behaviour**

Tensions

Academic papers →

Grant income →

‘Impact’ →



← Commissioning

← Policy priorities

← Financial return

← Resources

← Immediate needs

← Local context

← Patients

“KNOWING”

“DOING”

How we can get research into practice

- 1. Dissemination** – tailored formats, active
- 2. Social influence** – experts and peers
- 3. Interaction** – stronger links between research & practice communities
- 4. Facilitation** – enabling through technical, financial, organisational, personal support/development
- 5. 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.

1. Dissemination – tailored formats, active

- Easy to read
- Appropriate words
- Executive Summary
- Presentation as well as report

Not enough on
its own!

- Websites with downloadable resources
- Linking from/to other national/professional/third sector websites
- Social media to spread the word
- Speaking at events



2. Social influence – experts and peers

- Who are the key influencers?
 - May not always be who you think ... who do people talk with/go to?
- Know your commissioners
- A range of professions
- Local people with wider (regional/national) roles
- Senior support is important but you still have to build relationships locally
- Peer pressure or competition?

3. Interaction – links between research & practice communities

- Not easy on your own – a team approach?
- Multiple links at different levels
- Link with existing things – meetings, seminars, networks
- Especially for university academics:
 - ‘Get out there’ ... shadow, visit, sit there
 - Invite people in (but why would they want to come?)

4. **Facilitation** – enabling through support/development

- Helping others to implement research into practice
- Essential - especially in primary care
- Most effective when it involves multidisciplinary teams
- Flexibility is important
- Requires resources
- If done properly, leads to sustainable improvement

Successful Implementation = Facilitation of (innovation + recipients + context)

[IPARiHS framework, Harvey and Kitson, 2015]

5. Incentives (rewards) and reinforcement

- Understand what these are ..
- And for whom they are important

GP: is it in the QOF?

Manager: does it save money?

Nurse: does it improve patient care? ...and do people like it?

Getting research into practice: key points

- It doesn't just happen
- It is 'messy' with no 'one size fits all'
- It is about people, systems and organisations

“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)

In an ever-changing field

THE LATEST DEVELOPMENTS

a. Terminological confusion

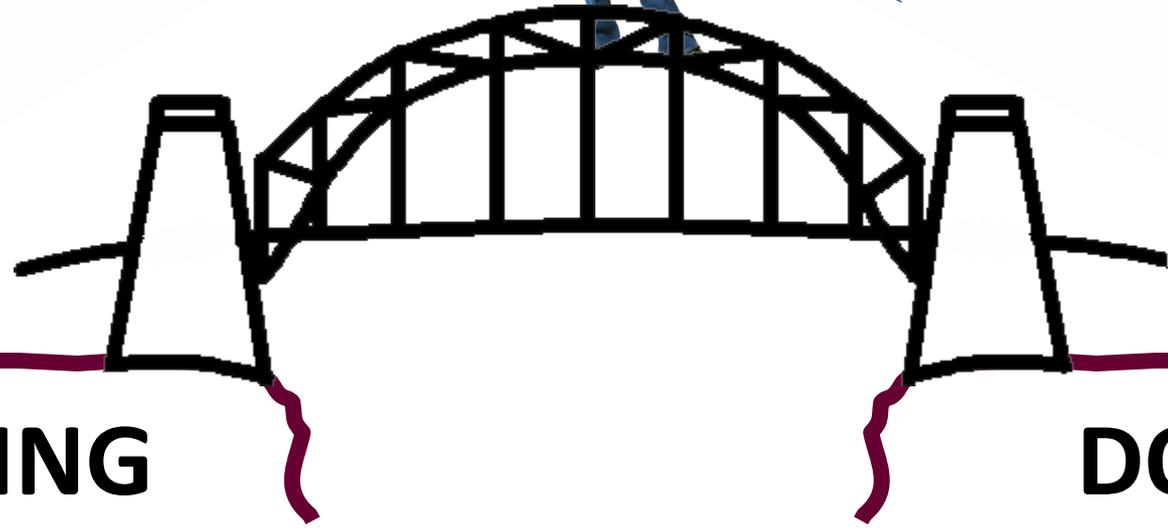


MOBILISATION



Is it time to drop the 'knowledge translation' metaphor? A critical literature review
Trisha Greenhalgh¹
Sietse Wieringa²

It takes two to tango: knowledge mobilization and ignorance mobilization in science research and innovation



KNOWING

DOING

b. Types of evidence

<i>Type of evidence</i>	<i>Description</i>
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)

c. Complex interventions

- What is in the box?



[MRC Framework for Complex Interventions, MRC guidance for process evaluation]

Multiple components
 deployed at
Multiple levels
 targeting
Multiple structures and processes
 to achieve
Multiple (often conflicting) goals
 within
Dynamic, heterogeneous settings

Adapted from Mittman B, 2015

d. Think networks (rather than transfer, mobilisation, bridges etc ...)



KNOWING

DOING

Research into practice: How can we do it?

- Recognise there is a difference between DOING implementation and RESEARCHING it ... but *research* must inform the *doing*
 - You can make a difference

Thank you

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For information only

NIHR COLLABORATIONS FOR LEADERSHIP IN APPLIED HEALTH RESEARCH AND CARE (CLAHRCs): SOME BACKGROUND

Not basic science or early stage innovation

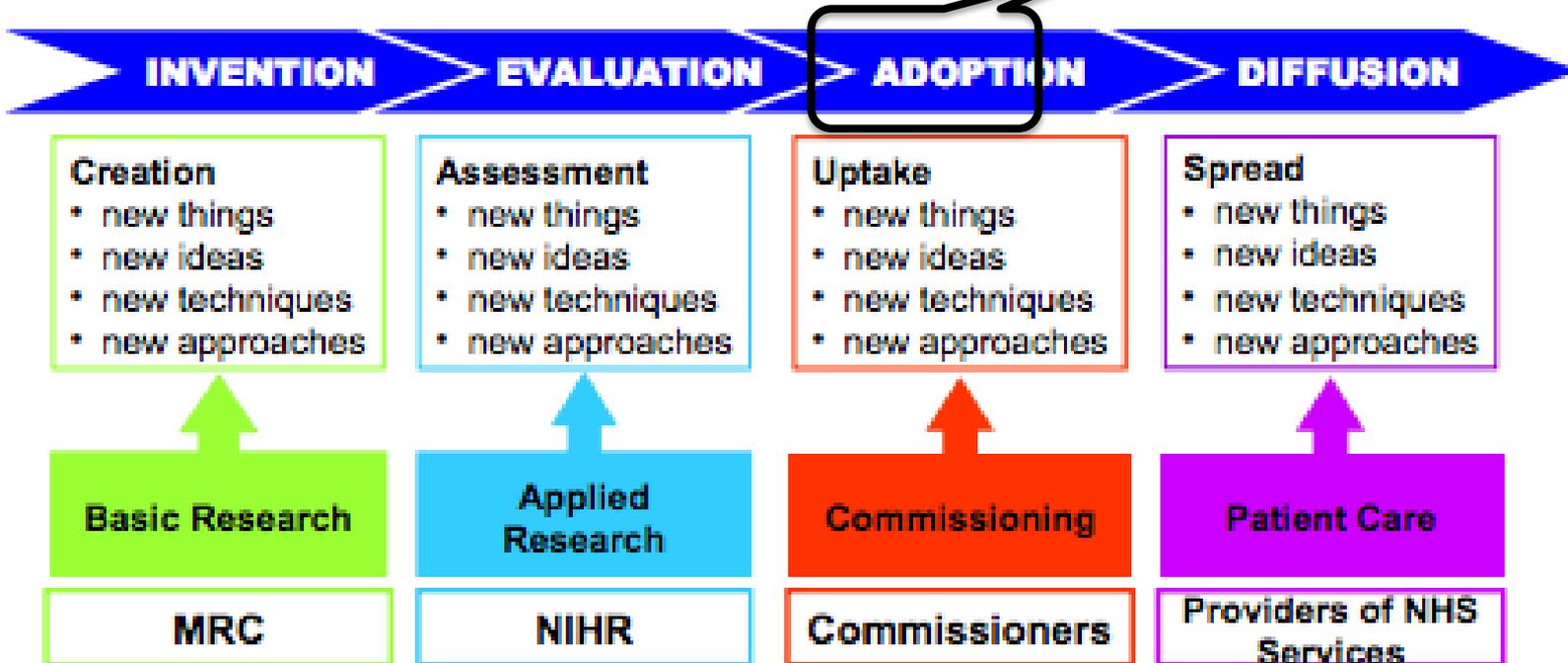
University, NHS, third sector, industry, patients and the public

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

~3m population, lots of health challenges, health budget to be devolved from 2016

The Research Pathway

CLAHRCs: bridging a gap in translation



*“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”*

2014-2019

13 CLAHRCs: one per AHSN

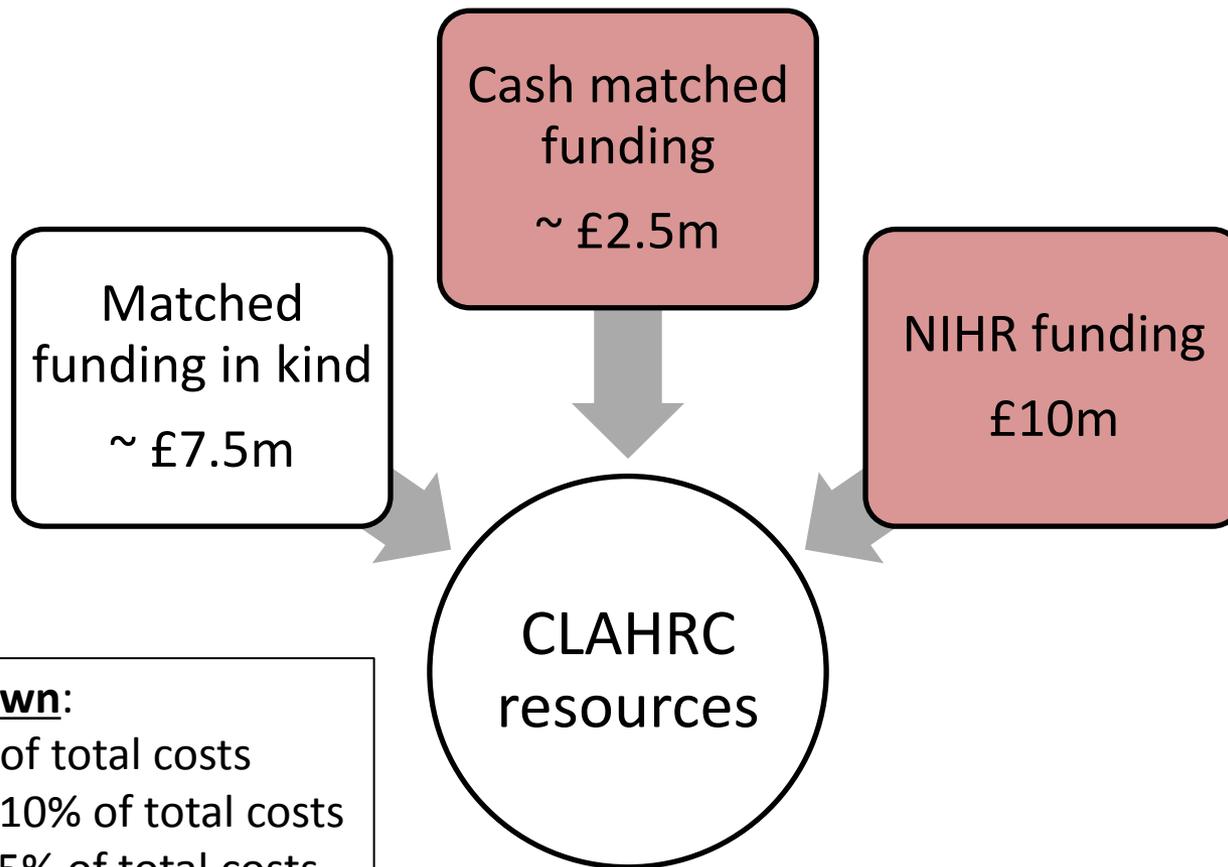


- NIHR CLAHRC North West London *
- NIHR CLAHRC East of England *
- NIHR CLAHRC East Midlands (was 2)
- NIHR CLAHRC Greater Manchester *
- NIHR CLAHRC North Thames ***
- NIHR CLAHRC North West Coast**
- NIHR CLAHRC Oxford ***
- NIHR CLAHRC South London ***
- NIHR CLAHRC South West Peninsula
- NIHR CLAHRC Wessex**
- NIHR CLAHRC West**
- NIHR CLAHRC West Midlands
- NIHR CLAHRC Yorkshire and Humber (was 2)

KEY: **New CLAHRC (not in previous funding round)**
 * Also has an Academic Health Science Centre (AHSC)

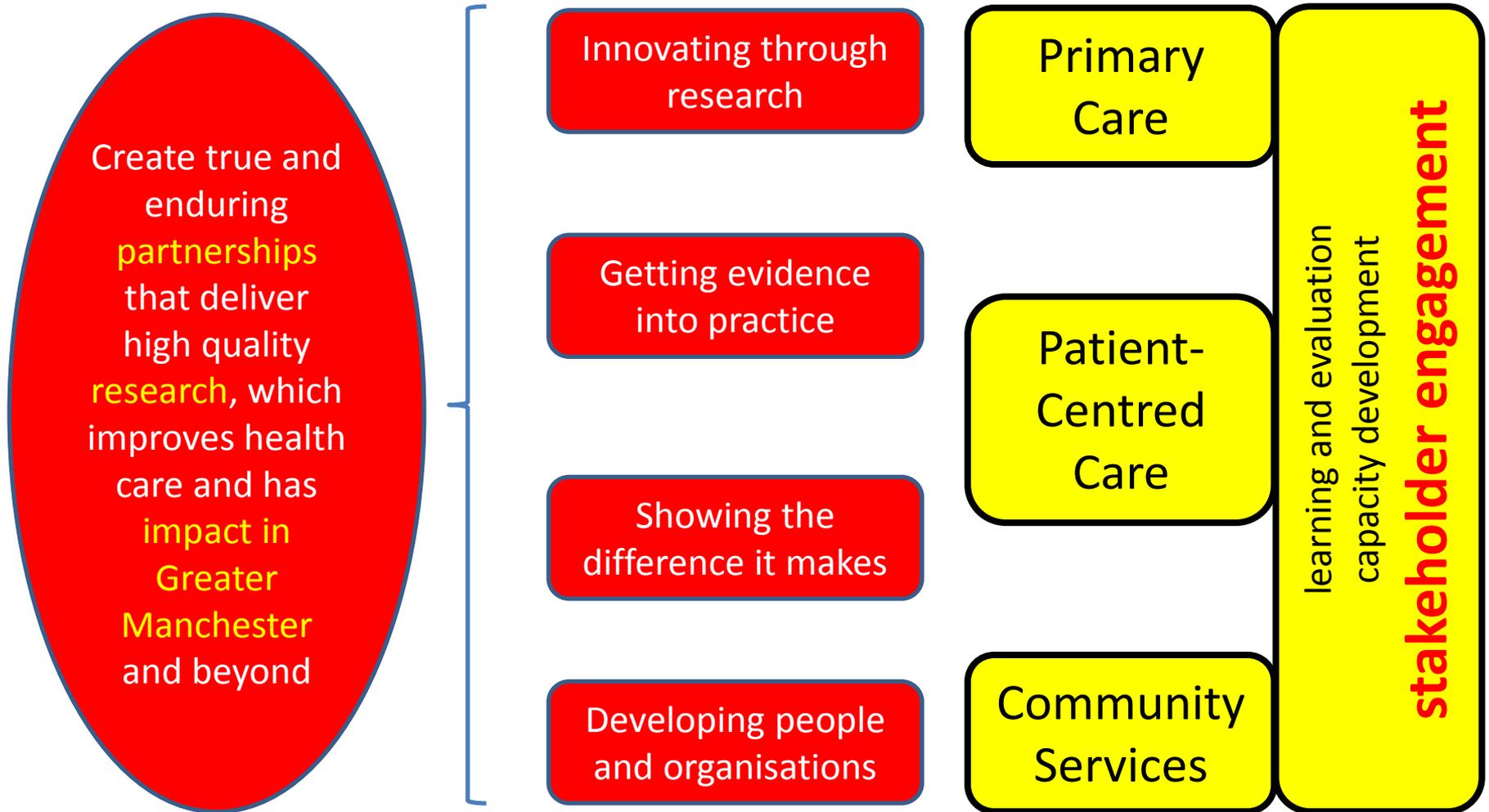
<http://www.clahrcpp.co.uk/#!/clahracs/cjg9>

CLAHRC GM resources: 2014-2018

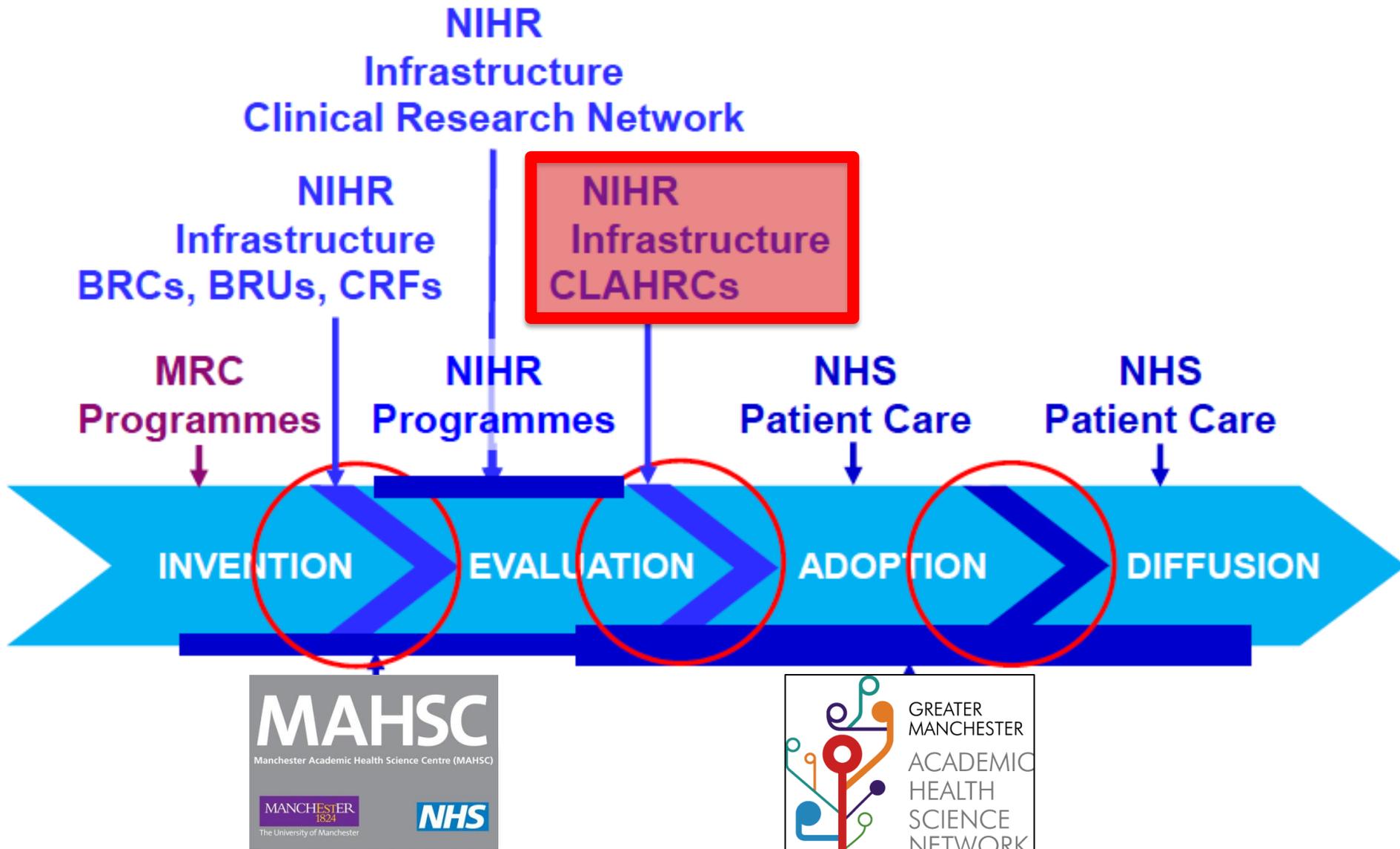


Budget breakdown:
 Staff costs: 75% of total costs
 Non-staff costs: 10% of total costs
 Support costs: 15% of total costs

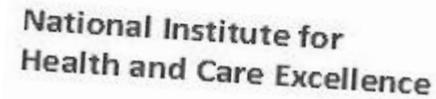
CLAHRC GM vision and objectives



AHSNs, AHSCs and the Research and Innovation Landscape



The 'crowded landscape'





MAHSC
Manchester Academic Health Science Centre (MAHSC)

NICE
National Institute for Health and Care Excellence

GREATER MANCHESTER ACADEMIC HEALTH SCIENCE NETWORK

AQUA
Advancing Quality Alliance

haélo

School for Primary Care Research

NIHR Greater Manchester Primary Care Patient Safety Translational Research Centre

NHS England
Strategic Clinical Networks
(Greater Manchester, Lancashire and South Cumbria)

NHS National Institute for Health Research
Manchester Musculoskeletal Biomedical Research Unit

NHS Improving Quality

Find out more ... clahrc-gm.nihr.ac.uk

Home

News and blogs

About us

Our team

Our work

Patient and public
engagement/involvement
(PPI/E)

Project and evaluation
reports

Publications

Posters

Presentations

Our work (2008-2013)

Welcome to the NIHR CLAHRC Greater Manchester

The Collaboration for Leadership in Applied Health Research and Care (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](#). We aim to improve the health of people in Greater Manchester and beyond through carrying out research and putting it into practice.

BLOG: Family cancer carers deserve the role of expert partners in caring

Rebecca Spencer, a CLAHRC Project Manager, blogs about how family cancer carers should have the right to influence important care decisions.

More ▶



Groundbreaking mental health theatre production now available to view online

Kidney injury prevention card delivered to Salford pharmacists and GPs

BLOG: Family cancer carers deserve the role of expert partners in caring

Search



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for our mailing list**

Twitter

- Our @MBSHealthMgt friends host cracking seminars. Next one is on payment, power & commissioning of health services <http://t.co/SaLM6icQ6P> **about 2 days ago**
- RT @OfficialNIHR: Would you like to discuss the #NIHR's patient and public involvement? Visit us at stand 108 @NHSExpo #Expo15NHS <http://t....> **about 3 days ago**
- Be sure to visit the @OfficialNIHR #OneNIHR stall at the @NHSExpo. Lots to see and talk about! #Expo15NHS **about 4 days ago**
- #SalfordResearch Week (5-11 Sept) looks like it will be fab for patients, professionals & the public. Find out more: <http://t.co/tah2X5787L> **about 5 days ago**