The bright and the dark side of knowledge mobilisation:

Learning from a large-scale collaborative research partnership

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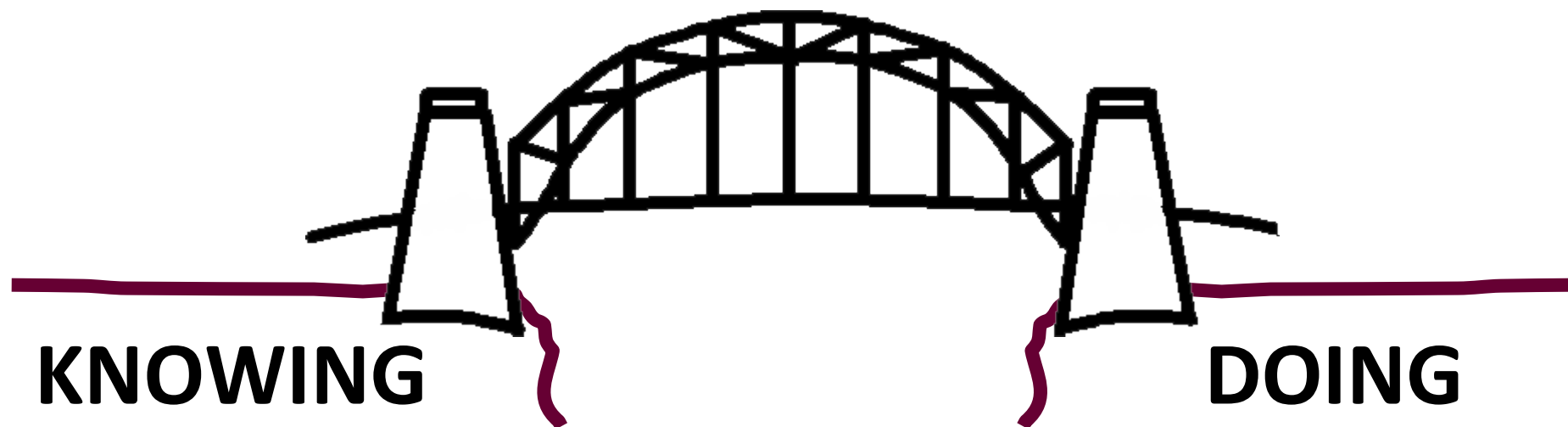
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Alliance Manchester Business School
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Bridging the gap

KNOWING   **DOING**

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Not basic science or early stage innovation

University, NHS, third sector, industry, patients and the public
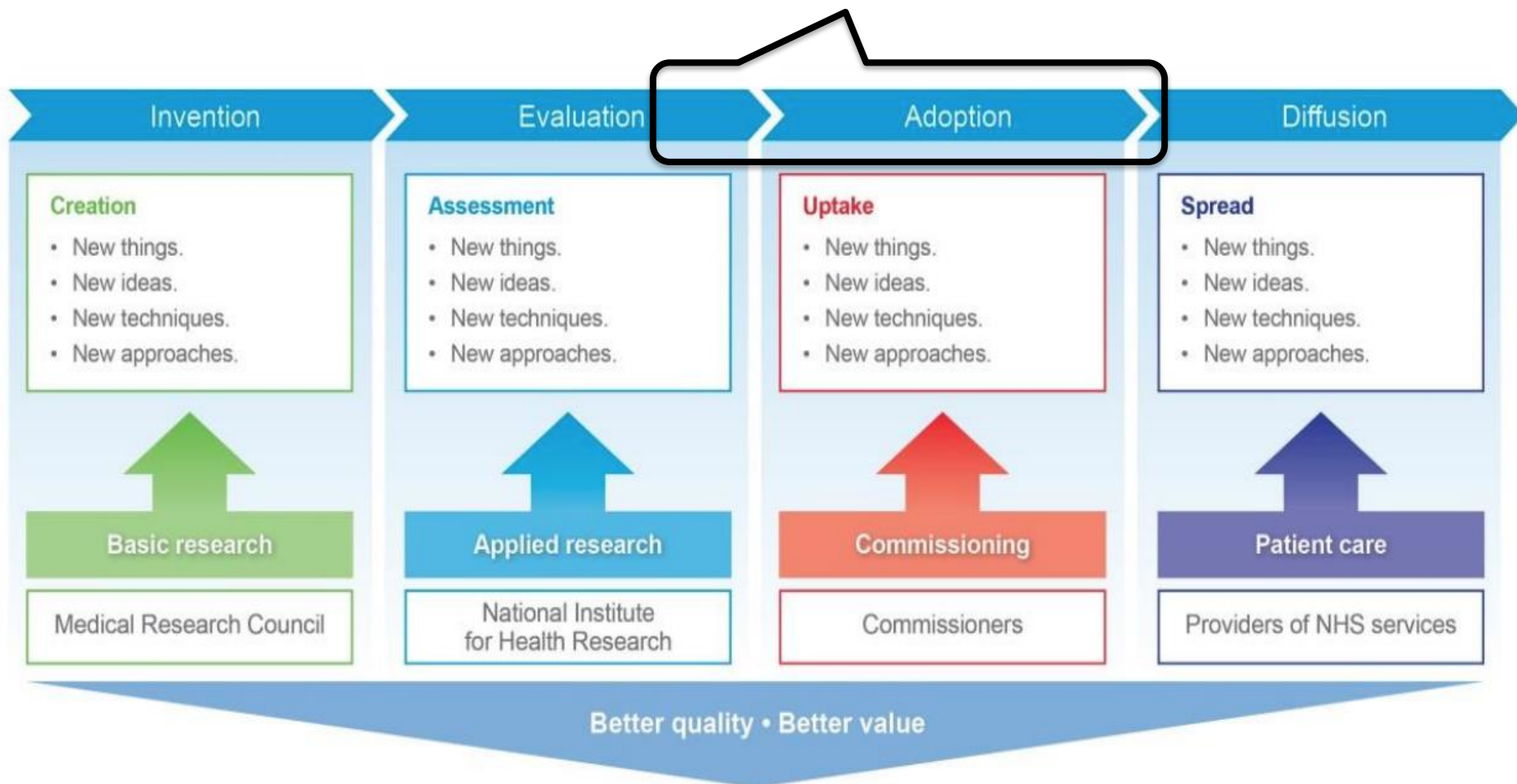
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NIHR Collaboration for Leadership in Applied Health Research and Care (CLAHRC) Greater Manchester

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

*"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"*
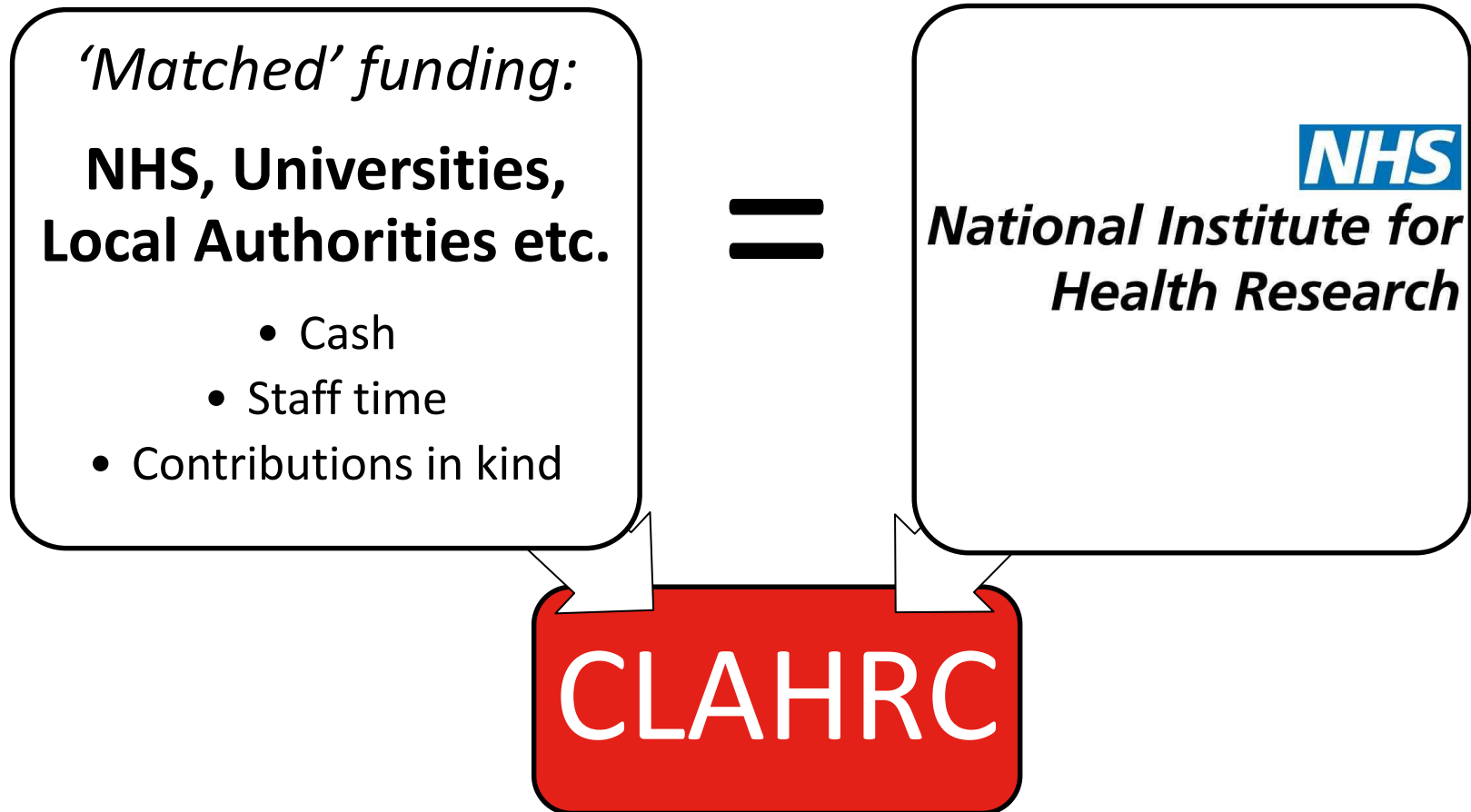
13 CLAHRCs (2014-2019)

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NIHR CLAHRC North West London
NIHR CLAHRC East of England
NIHR CLAHRC East Midlands
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)
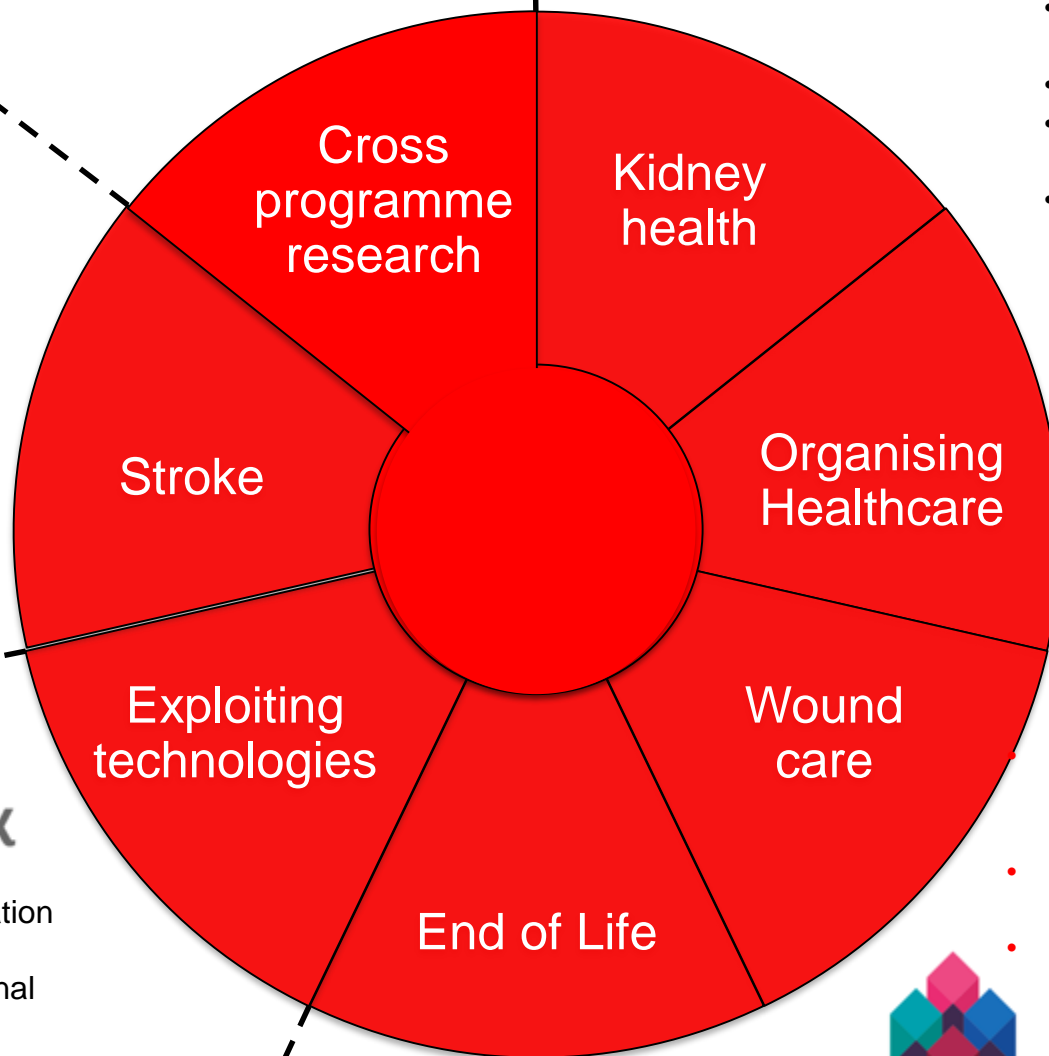
KEY: New CLAHRC (not in previous funding round)

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The CLAHRC funding model

Matched funders

Wheel segments:
- Cross programme research
- Kidney health
- Stroke
- Organising Healthcare
- Exploiting technologies
- Wound care
- End of Life

- **NHS Salford CCG**
- NHS Central Manchester CCG
- NHS Bury CCG
- NHS England Greater Manchester
- UK Renal Registry

- Salford CCG (Innovation Fund)
- NHS England (National Diabetes Prevention Programme)

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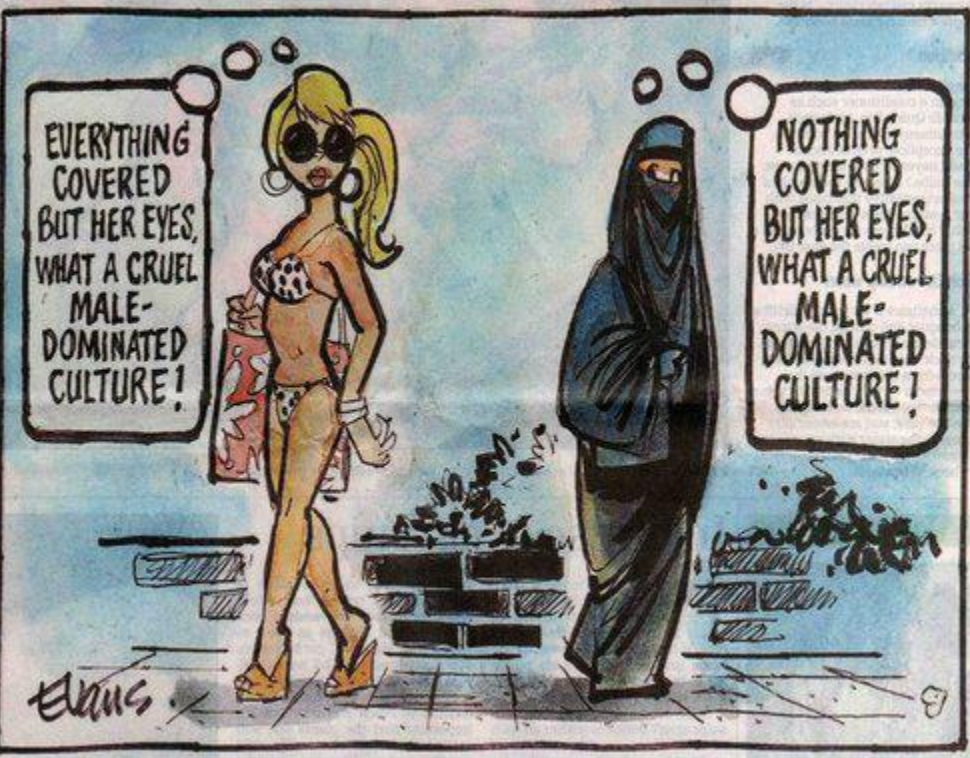- **University Hospital of South Manchester Foundation Trust (UHSM)**
- Pennine Care NHS Foundation Trust
- East Lancashire Hospitals NHS Trust

Boundaries

Initial theoretical framework

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- **Co-operative inquiry**
- **Internal evaluation**

- **Evidence**
- **Facilitation**
- **Context**

PARIHS Framework

Model for Improvement

with Plan-Do-Study-Act cycles

Evaluation & Learning

Multiprofessional implementation teams
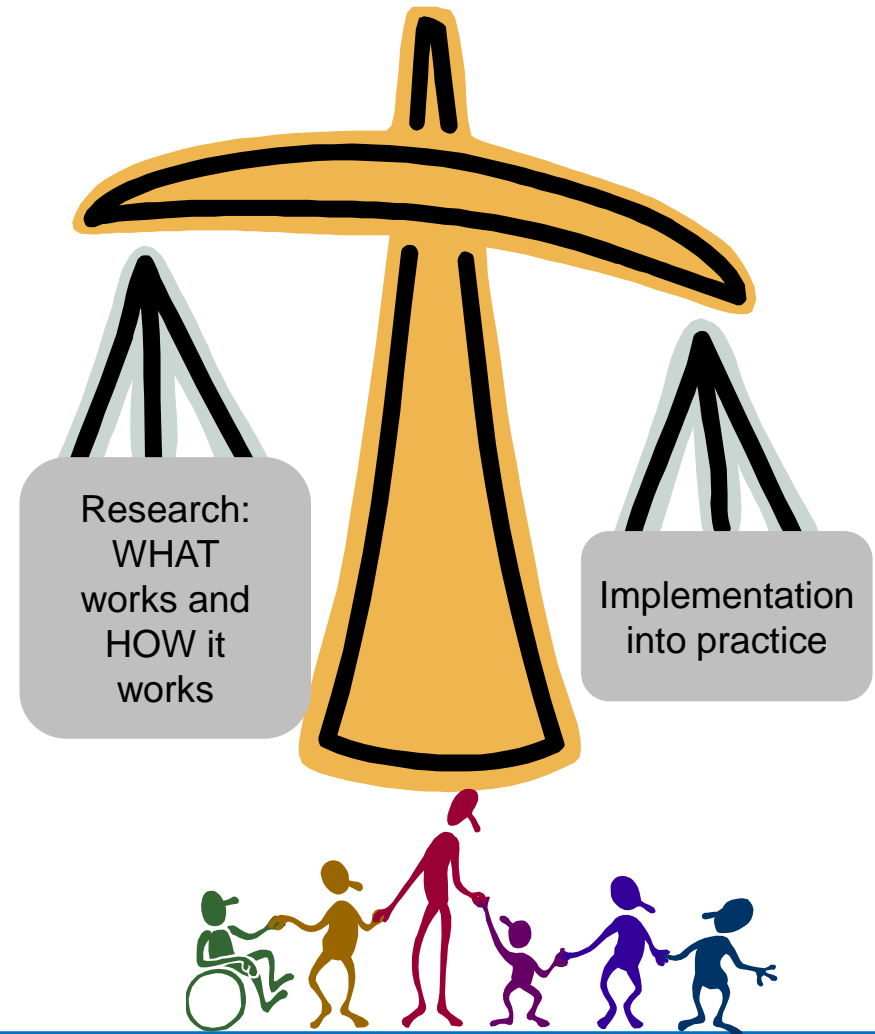
with designated roles

(Harvey et al. 2011)

Designing a CLAHRC
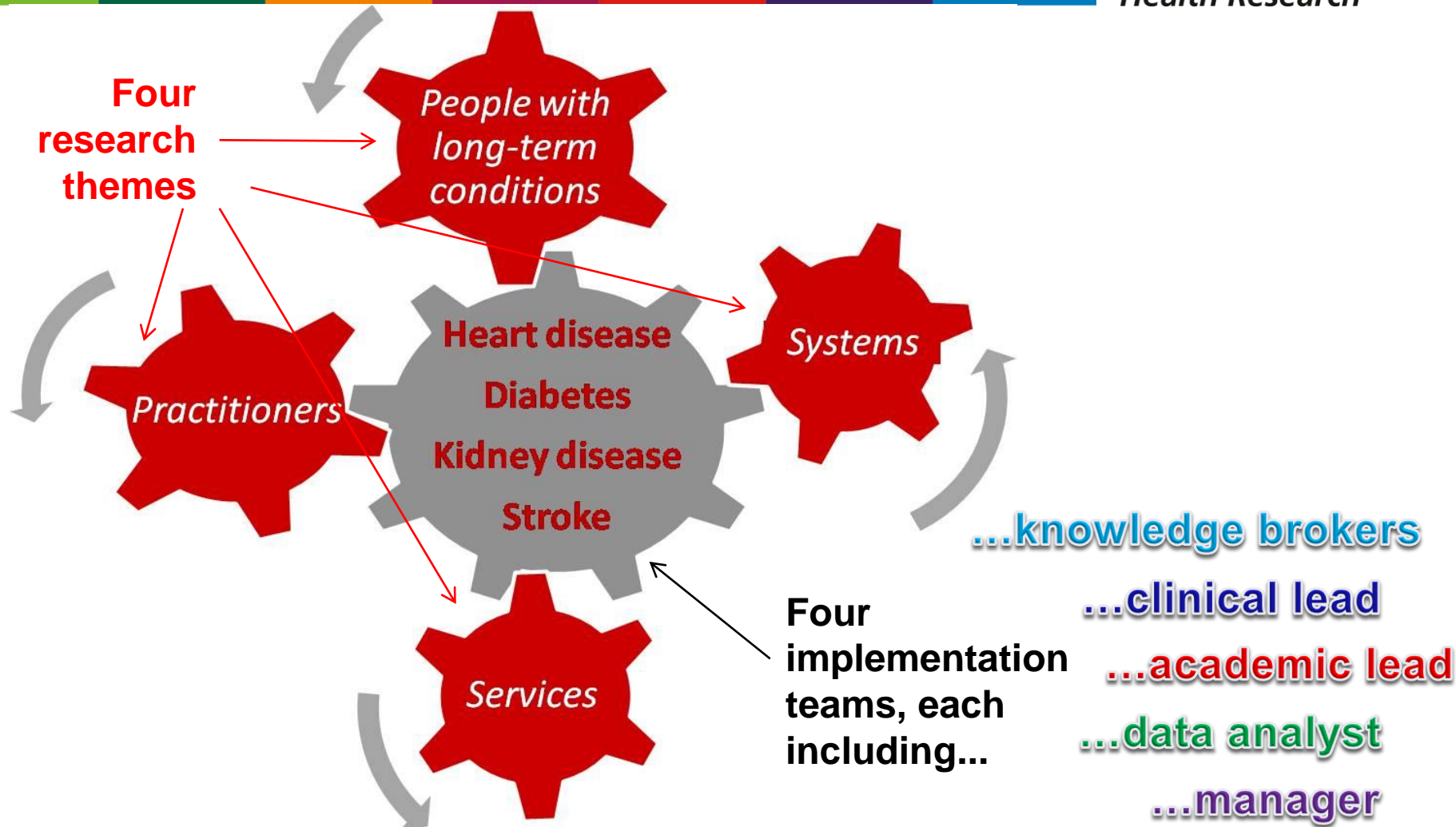
Large-scale knowledge mobilisation programme

- How to design a CLAHRC?
- How to ensure that the whole is more than the sum of its parts?
- How to fill the 'designated' roles in multiprofessional teams?

Research: WHAT works and HOW it works

Implementation into practice

CLAHRC structure (2008-2011)

Four research themes

People with long-term conditions

Practitioners

Systems

Heart disease
Diabetes
Kidney disease
Stroke

Services

Four implementation teams, each including...

...knowledge brokers
...clinical lead
...academic lead
...data analyst
...manager

Reflections on initial structure

❖ **Strong boundaries between and within the themes (Kislov, 2014)**

People with long-term conditions

Practitioners

Heart disease
Diabetes
Kidney disease
Stroke

Systems

Services

❖ **More clinical input needed into knowledge brokering**

...knowledge brokers
...clinical lead
...academic lead
...data analyst
...manager

CLAHRC structure (2011-2013)

Partial loss of funding

People with long-term conditions

Practitioners

Implementation team

Systems

Services

❖ **Trying to bridge the boundaries between research and implementation**

Clinical knowledge brokers

❖ **Integration of the implementation theme**

❖ **Seconding clinicians to the implementation projects to support knowledge brokering**

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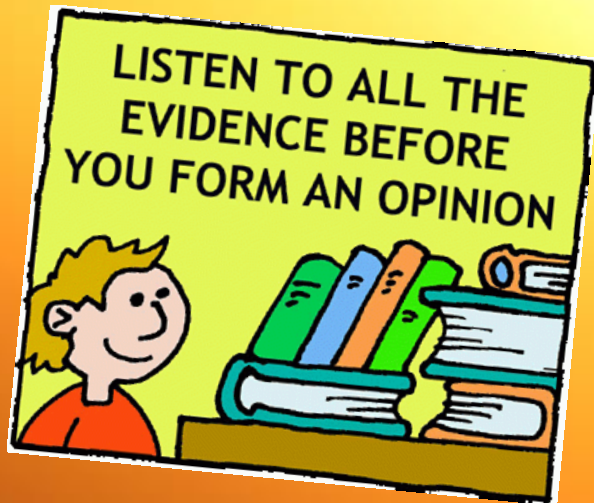# The 'bright side' of knowledge brokering...
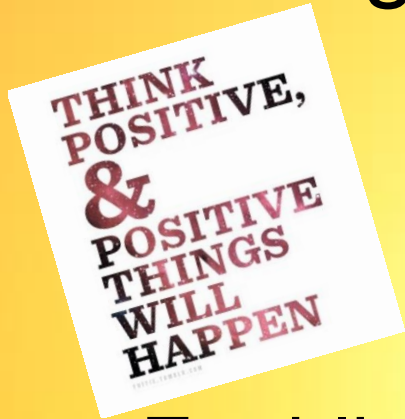
- Bridging the gaps

- Enabling evidence-based decision-making

- Facilitating positive change

- Promoting collaboration

...There is always a 'dark side'

'Any system of purposive action will inevitably generate secondary outcomes that run counter to its objectives.'

(Linstead et al., 2014)

These issues are often overlooked, ignored or suppressed...

...But there is growing evidence of challenges and unintended consequences of deploying knowledge brokers.

1. Tensions between different types of knowledge

2. Tensions between different dimensions of brokering

3. Tensions caused by the 'in-between' position of brokers

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Tensions between different types of knowledge

- Which type of knowledge is most important for knowledge brokers?
    - Managerial?
    - Scientific?
    - Clinical?
    - Contextual?

- Who to deploy as a knowledge broker?
    - A clinician? *High clinical authority* *Low managerial skills*
        - A doctor? *Significant power but lack of interest in brokering knowledge*
        - A nurse or an allied health professional? *Limited power*
    - A manager? *No clinical credibility* *Contextual knowledge develops over time*
    - A hybrid? *Ideal in theory but more complicated in practice...*

Can a single 'knowledge broker' bridge the gap?

From our research on knowledge brokering clinicians...

...I would confess to... probably taking a back seat a little bit and observing and letting [the managers]... do all the talking [in the meetings with senior people]...

Knowledge brokering clinician

Tensions between different dimensions of brokering

KNOWLEDGE BROKERING

Knowledge management

Linkage and exchange
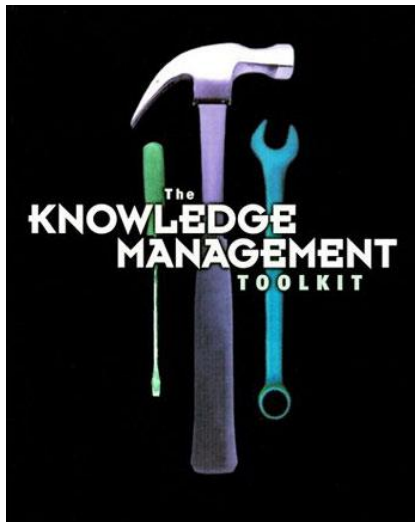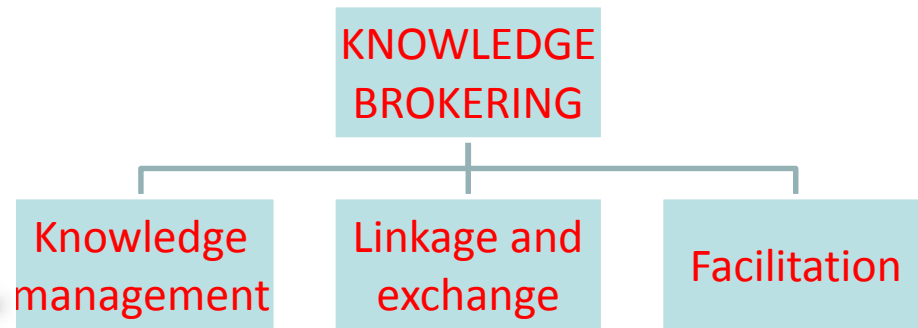
Facilitation

Shifting from 'facilitating' to 'doing'

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…Our secondees have been encouraged and pushed towards *doing* rather than *facilitating* to achieve [project] outcomes.

Pressure from the CLAHRC

…The restriction of having a [knowledge broker] that *links* into the rest of the mental health teams, but isn't specifically there to *do* that job… is slightly frustrating…

Pressure from primary care practices

- Facilitation often becomes marginalised
- Project objectives are met…
- …But has knowledge been brokered?

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Facilitation in the ideal world

'Hard core'

'Soft periphery'

Enabling the learning processes

Involvement of teams

Articulated goals

The facilitator role

Tools
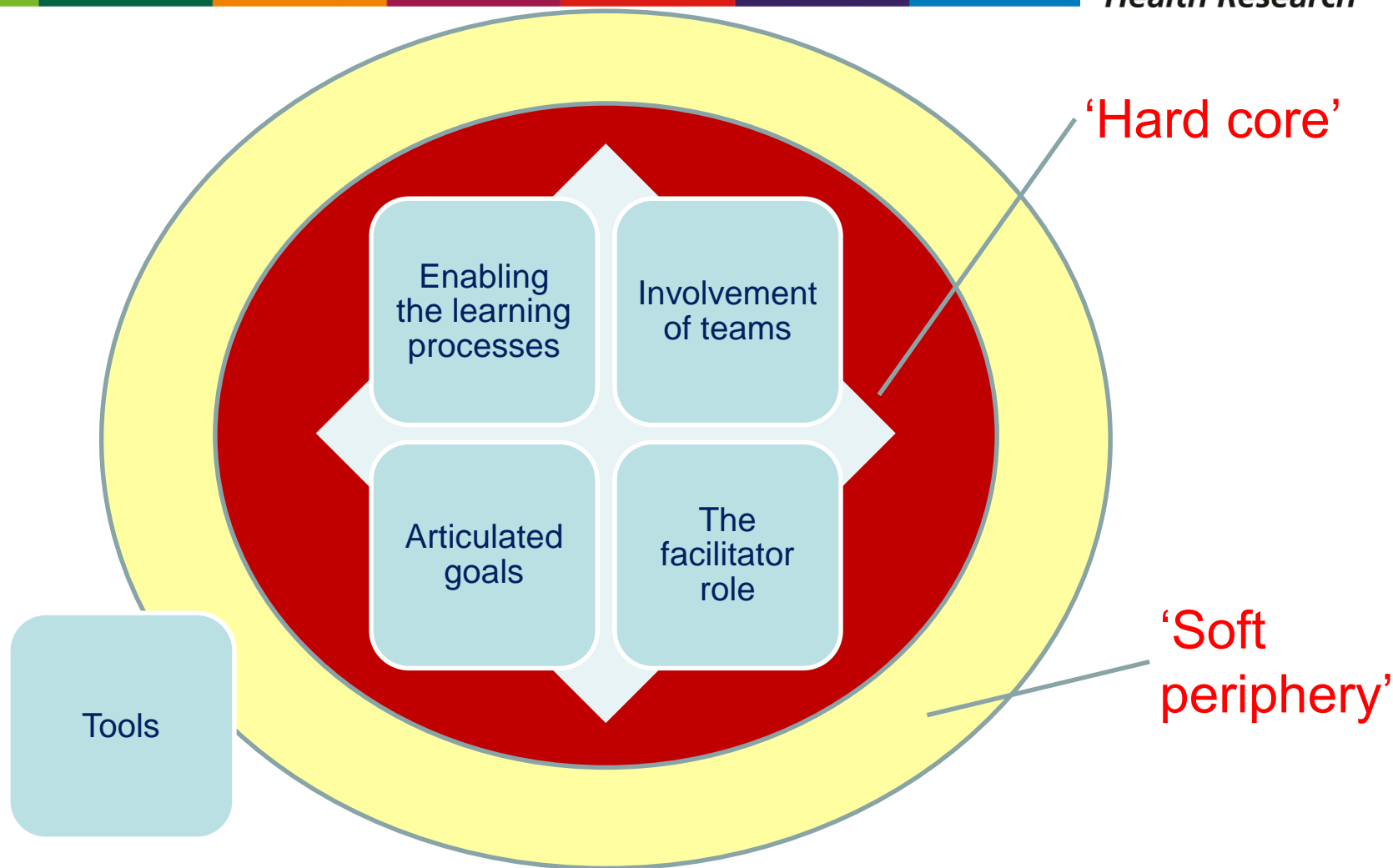
Distortion of facilitation

- Explicit performance goals prioritised over implicit sustainability-related goals

- Learning how to meet performance targets, rather than how to improve services

- Context substantially constrains facilitation

Involvement of teams

Articulated goals

Enabling the learning processes

Tools

The facilitator role
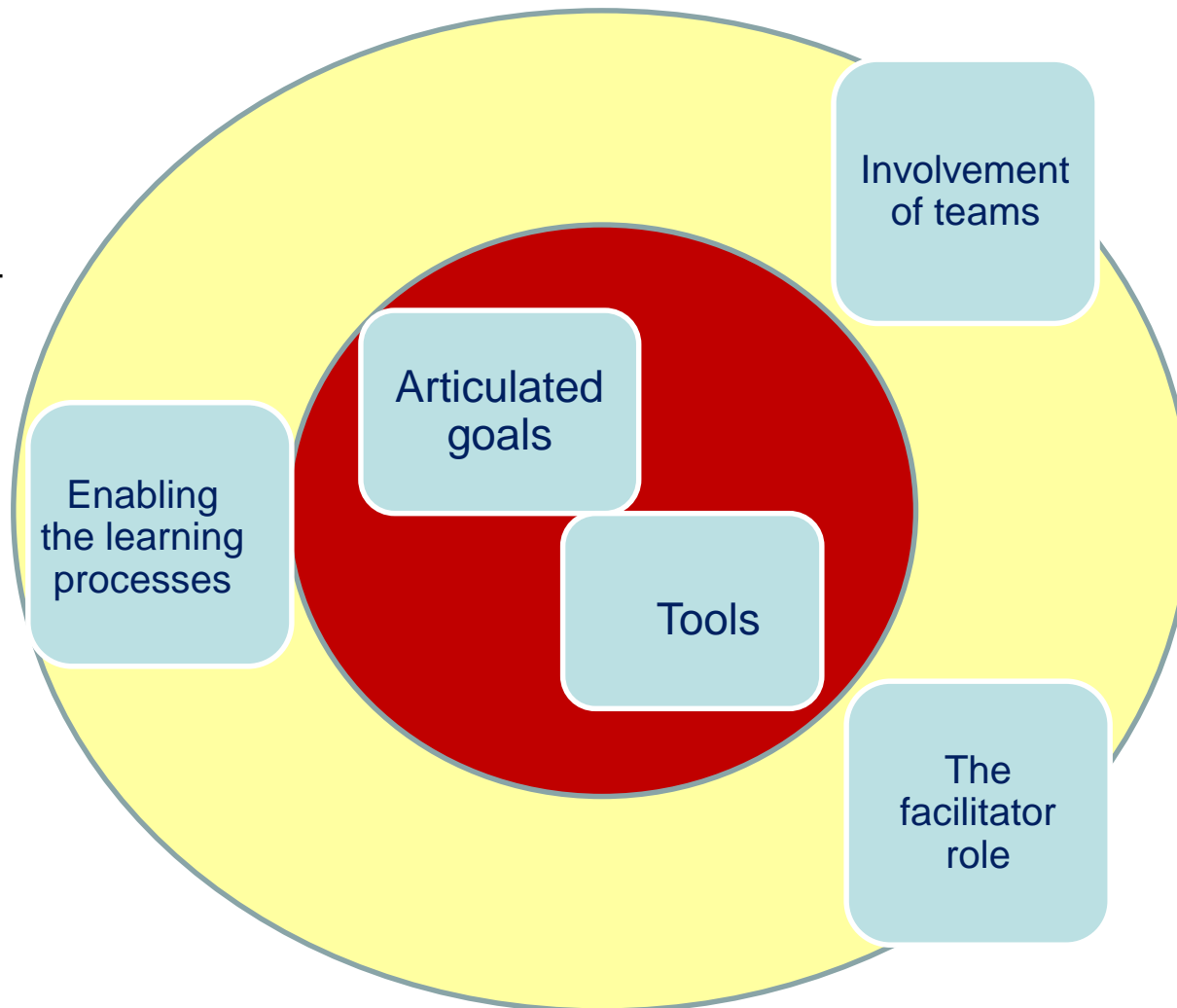
- Privileging some 'core' components over the others

- Replacing 'core' components by the 'peripheral ones

- Facilitators shifting from 'enabling' to 'managing' and 'doing'

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Tensions caused by 'in-betweenness'
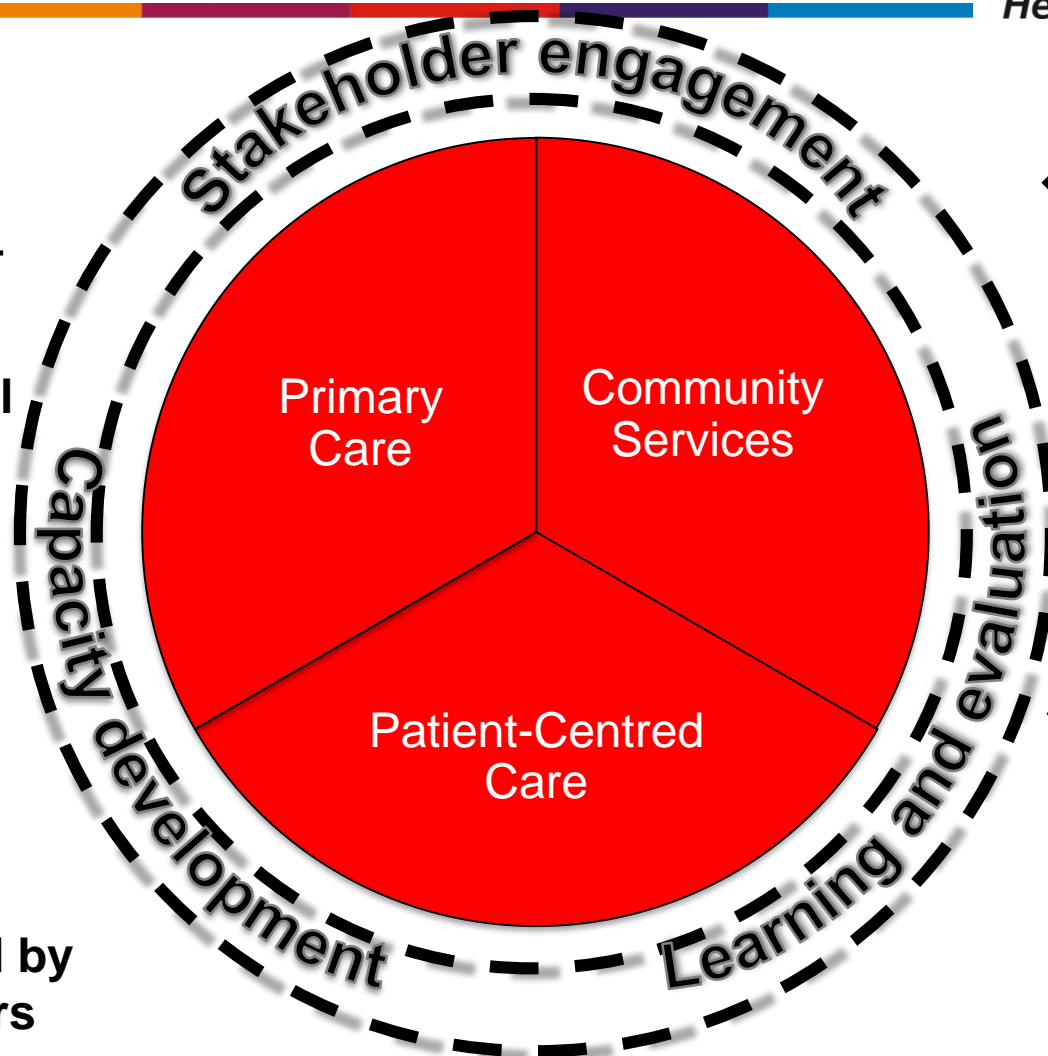
CLAHRC structure (2014-2015)

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❖ **Most projects combine <u>research</u> AND <u>implementation</u>**

❖ **Multiprofessional project teams including...**

...research staff

...managers

...facilitators

❖ **Knowledge brokering shared by the team members**

Stakeholder engagement

Capacity development

Learning and evaluation

Primary Care

Community Services

Patient-Centred Care

❖ **Most staff works across several projects and networks**

❖ **Hybrid roles *('research-savvy implementers and implementation-savvy researchers')***

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Advisory Panel Review

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2016

- ❖ **Strengthening cross-project research**

- ❖ **Flexible approach to team staffing depending on project needs**
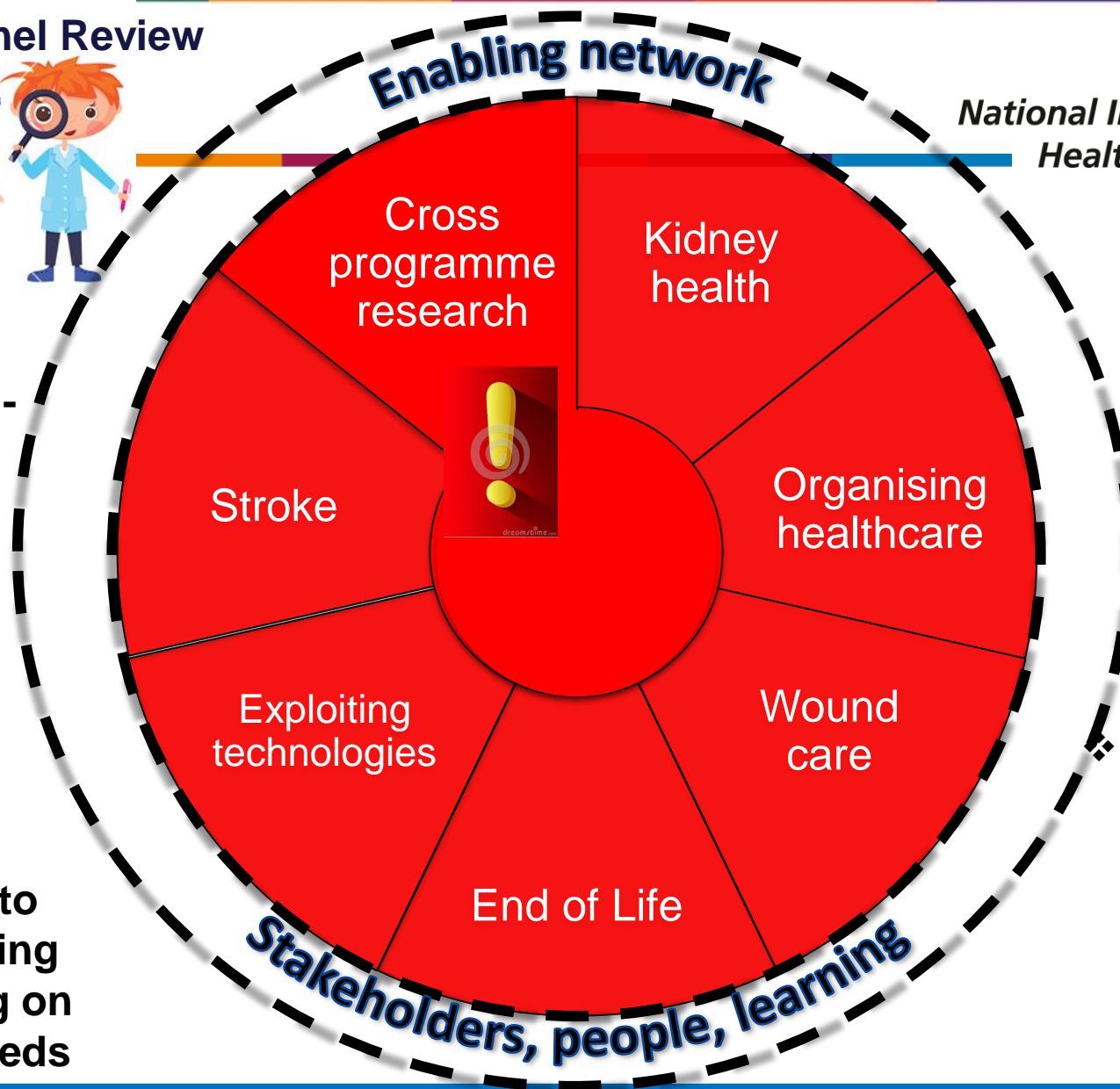
- ❖ **Recognition that there are different TYPES of knowledge mobilisation projects**

Enabling network

Cross programme research

Kidney health

Stroke

Organising healthcare

Exploiting technologies

Wound care

End of Life

Stakeholders, people, learning
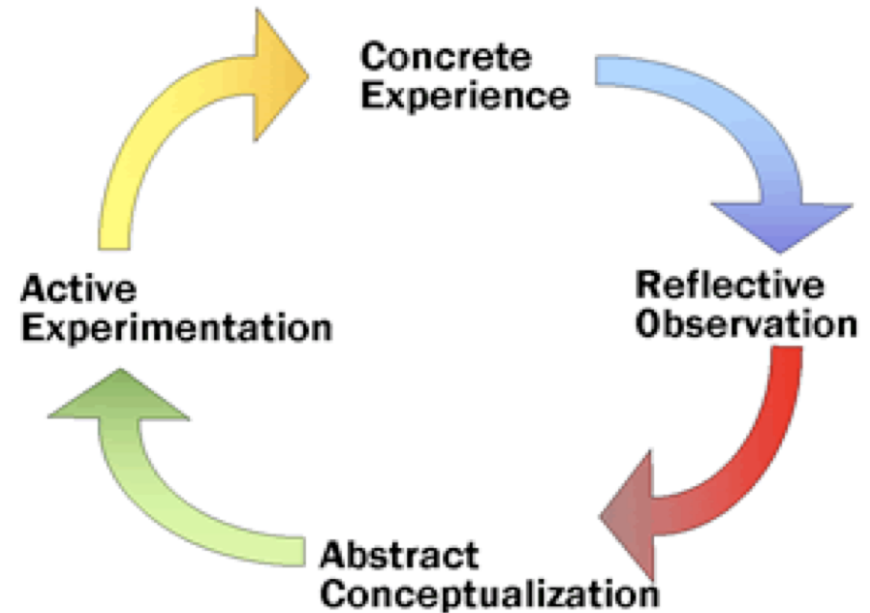
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Evolution of CLAHRC GM

1. From the separation of 'research' and 'implementation' towards their integration and co-production

2. From a number of bounded silos towards enabling the 'cross-cutting' way of working

3. From a relatively rigid structure towards a flexible framework that can be modified depending on the needs of specific projects

4. From individual knowledge brokering roles towards collective brokering performed by multiprofessional teams

What enabled these changes?
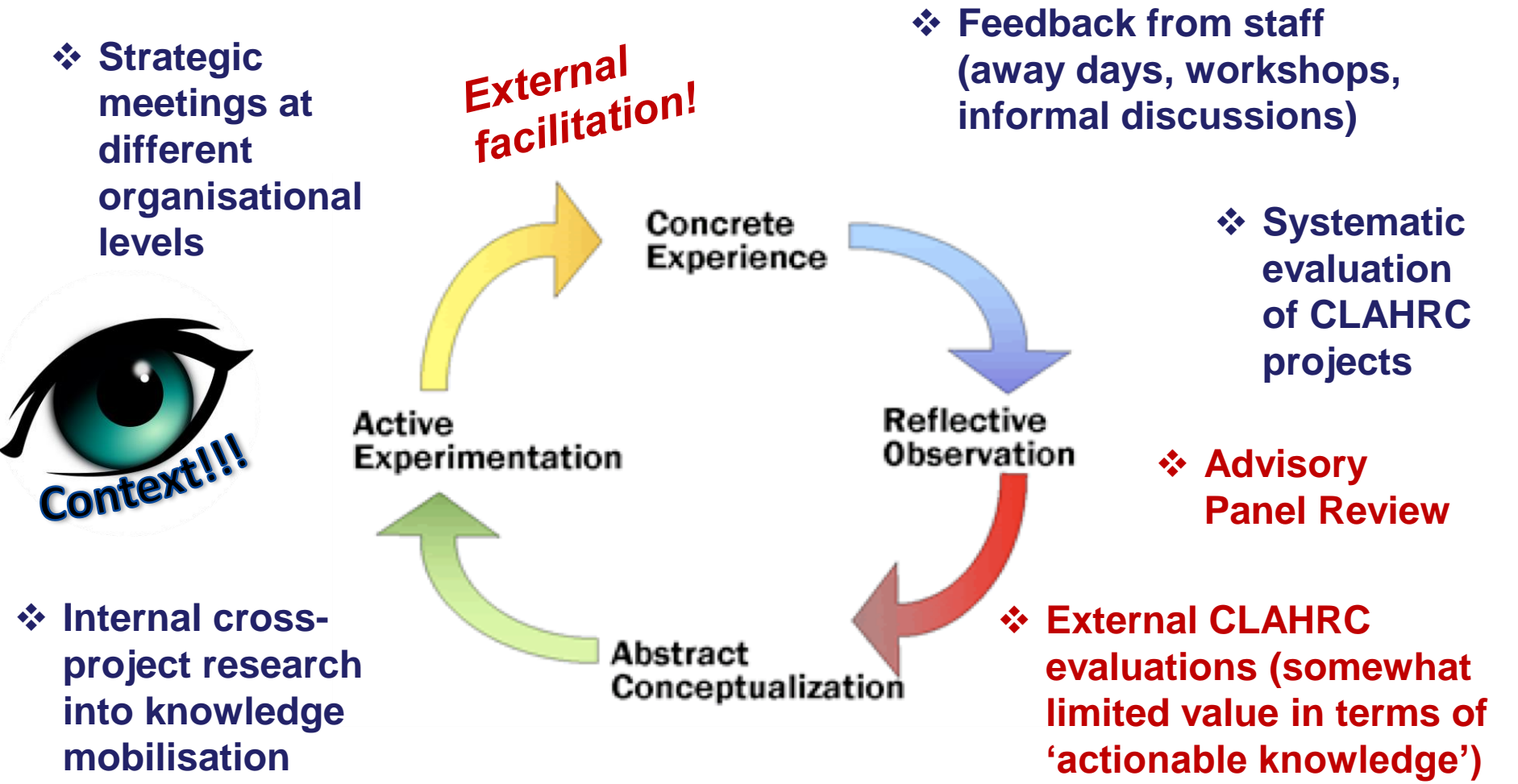
- ***Reflexivity*** is a dynamic interaction between reflection and action with an intention to learn and to change (Anthonacopoulou, 2004)

Concrete Experience

Reflective Observation

Abstract Conceptualization

Active Experimentation

- ***Actionable knowledge***—implementable by the users whom it is intended to engage (Antonacopoulou, 2009)

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Sources of actionable knowledge

❖ **Strategic meetings at different organisational levels**

External facilitation!

❖ **Feedback from staff (away days, workshops, informal discussions)**

Context!!!

Concrete Experience

Active Experimentation

Reflective Observation

Abstract Conceptualization

❖ **Systematic evaluation of CLAHRC projects**

❖ **Advisory Panel Review**

❖ **Internal cross-project research into knowledge mobilisation**

❖ **External CLAHRC evaluations (somewhat limited value in terms of 'actionable knowledge')**

Organisational reflexivity

Enablers

- *Leadership and management:*
  - openness to critique, learning and change
  - investing time and resources into reflective activities
  - creating effective feedback mechanisms
  - giving staff an opportunity to shape things
- *Culture:*
  - 'critique culture'—rather than 'blame culture'
  - shared sense of belonging to the organisation

- *External stimuli* often help to trigger reflection and action

Lessons learnt

- Reflexivity can be painful:
    - Realising some of the previous decisions were wrong
    - Critique can be taken by some individuals too personally
    - Individual reflexive abilities differ!

- Taking into account multiple (and often competing) points of view
    - Professional and epistemic differences
    - Internal evaluation too 'rosy' while research too 'critical'
    - Finding the balance and making decisions!

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Lessons learnt

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- Context can significantly constrain action

  - …and it often changes quickly and unpredictably

  - Cross-cutting structures do not always function as intended

- Structure should FOLLOW function

- Knowledge mobilisation approaches **evolve** in the process of their implementation:
  - Adaptation
  - Distortion

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Eight years later…

- **Limited relevance for research co-production…**
- **…But the PDSA logic is embedded in reflexivity**

PARIHS Framework

Model for Improvement

Multiprofessional teams

Evaluation & Learning

- **Explanatory framework**
- **Its main premises inform our thinking**
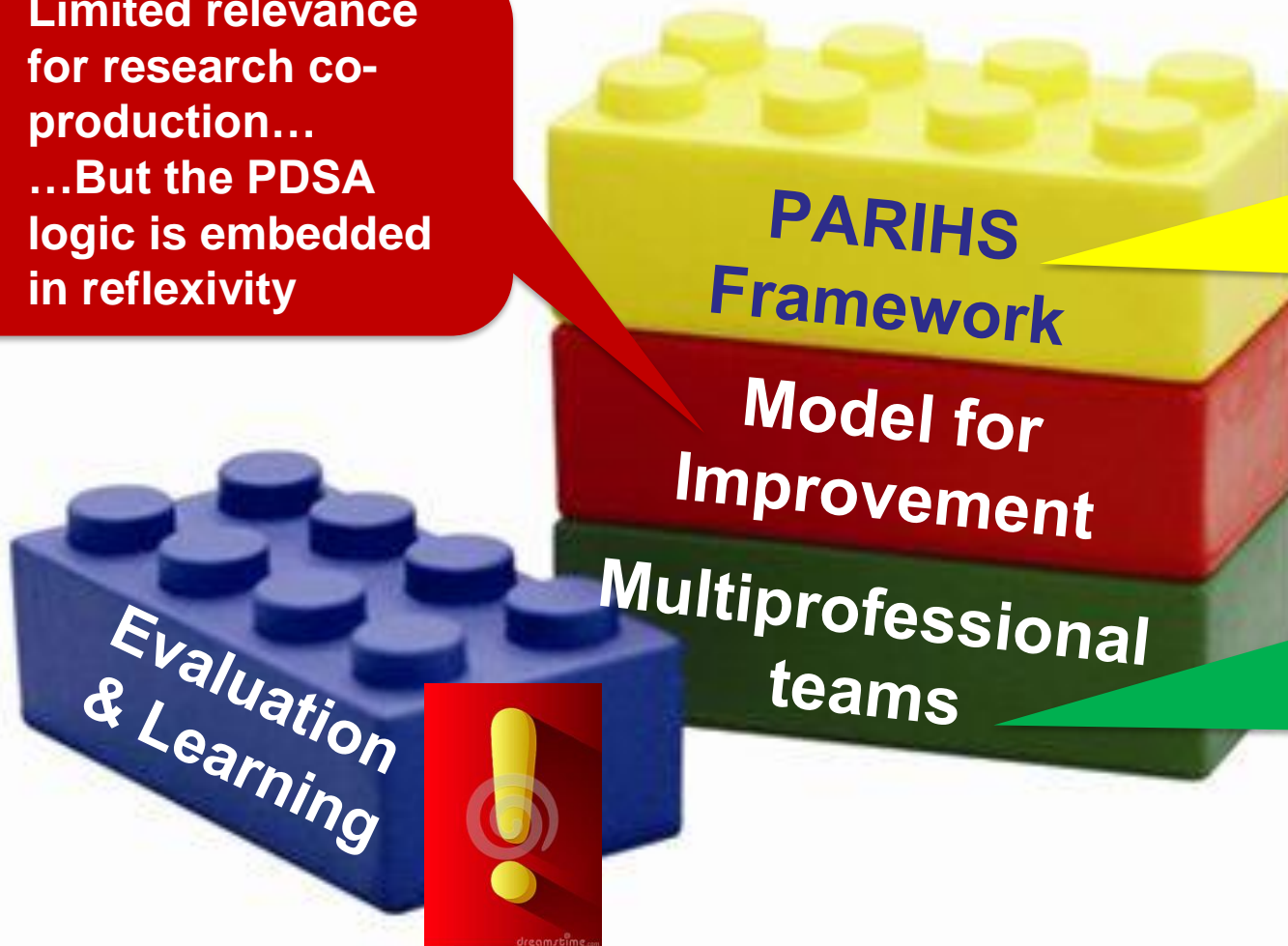
- **Fundamental to our design**
- **Became more inclusive**
- **Grown in importance**

Conclusion

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'**Practical reality**' of knowledge mobilisation:

- We all want to **make a difference!**
- There are **multiple competing views** about how to make a difference
- Knowledge mobilisation approaches **evolve** over time
- Both **structure** and **function** are important
- The 'dark side' must be attended to!

Acknowledgements

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