Tales of the art and craft of implementation

Andrée le May & John Gabbay

KSS ARC July 14 2021

Who we are and why

Our work is informed by:

- Implementation theories
- Knowledge management
- Diffusion theories
- Innovation theories
- Communities of practice
- Decision making
- Organisational behaviour
- Organisational sensemaking

- Social psychology
- Narrative theory
- Education theory
- Epistemology
- Social constructivism
- Actor network theory
- Structuration theory
- Social theories   etc..

Our methods

- Ethnographic

- Case study

- Action research

- Iterative / participative

- Developmental

- Relational

There has been a plethora of approaches to implementing research

Education

CPD

Clinical a...

Evidence-based practi...

Leadership

Chang... ...nagement

Champions / opinion l...

Diffusion

...o-construction

Participatory tec... ...ues
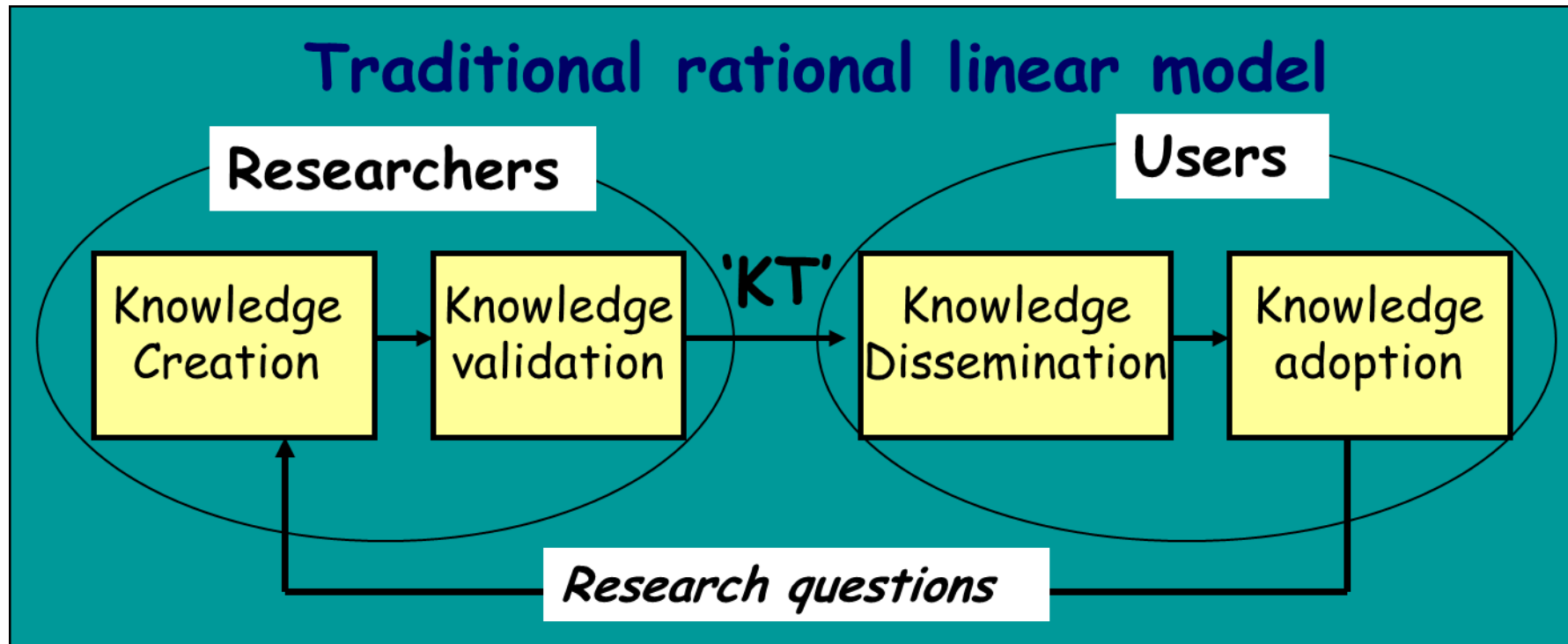
Knowledge brokers

QI techniques ...g. PDSA)

Directives e.g. NICE

Saf... ...isk management techniques

...dels and frameworks (e.g. PARiHS, KTA, EPIS)

And yet… still only patchy success

Why?

Traditional rational linear model

Researchers — Knowledge Creation → Knowledge validation — 'KT' → Users — Knowledge Dissemination → Knowledge adoption
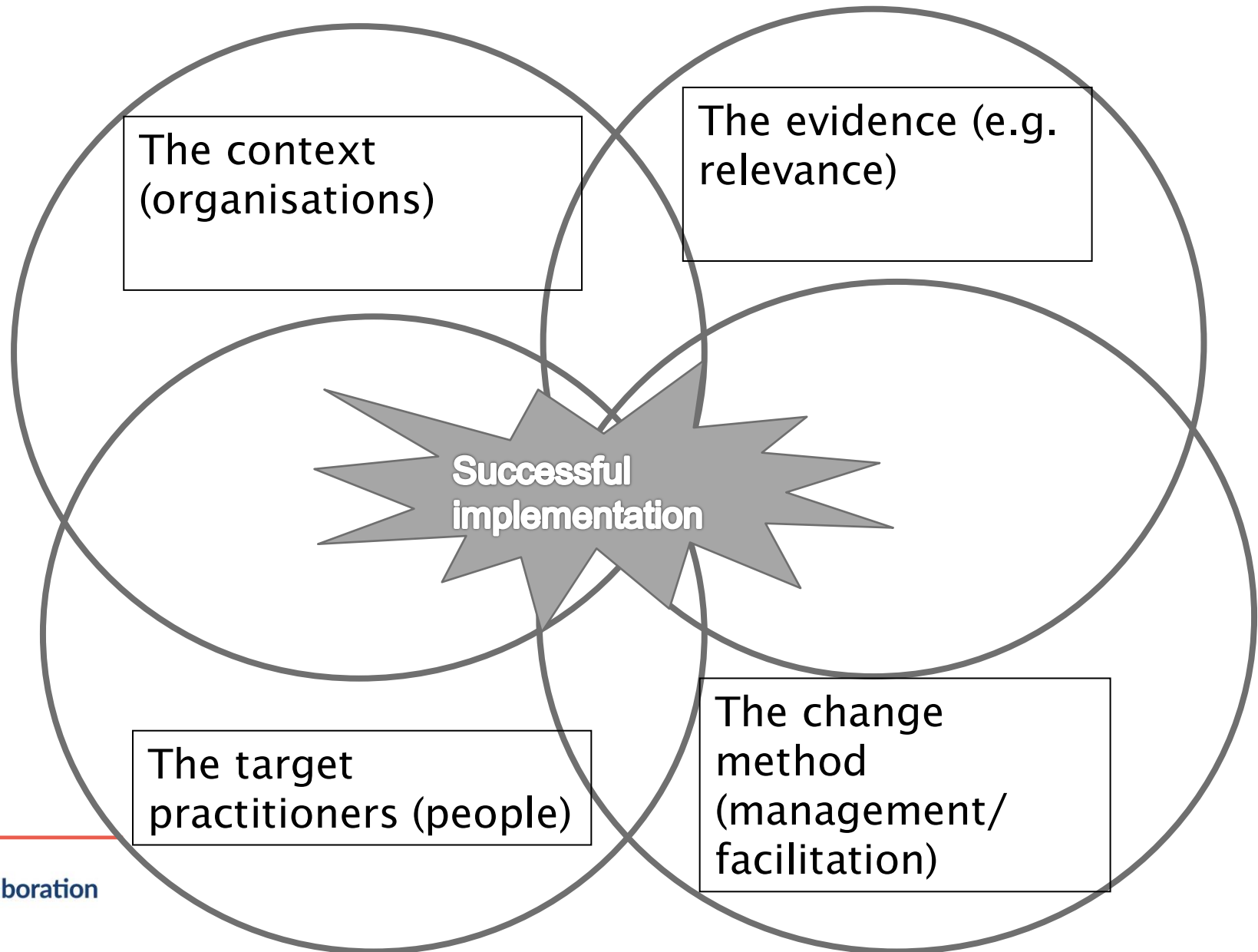
Research questions

--- THE PROBLEMS WITH THIS MODEL ---
Too - simple, rational, linear, uni-directional, individualised, unproblematised, asocial, and acontextual (otherwise, OK…)

(Courtesy of Huw Davies)

Four crucial factors

The context (organisations)

The evidence (e.g. relevance)

Successful implementation

The target practitioners (people)

The change method (management/ facilitation)

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Our two main themes today:

- Understanding how implementation transforms knowledge
- Using the right skills to implement research

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Two main themes

- **Understanding how implementation transforms knowledge**
- Using the right skills to implement research

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The eight (mostly research) tales (2000-2021) we're drawing upon

CoPs: 'Haymarket' and Outpatients   NHS R&D 2000-2

'Lawndale'   NHS R&D 2001-8

Treatment Centres   NIHR (SDO) 2003-6

Skilled for improvement?   Health Foundation 2012-14

Knowledge exchange among NHS commissioners NIHR 2011-3

DEEP (elderly social care)   Joseph. Rowntree Foundation 2014-15

Able to Improve?   Health Foundation 2017-19

ARC EoE implementation CoPs   NIHR 2019-21

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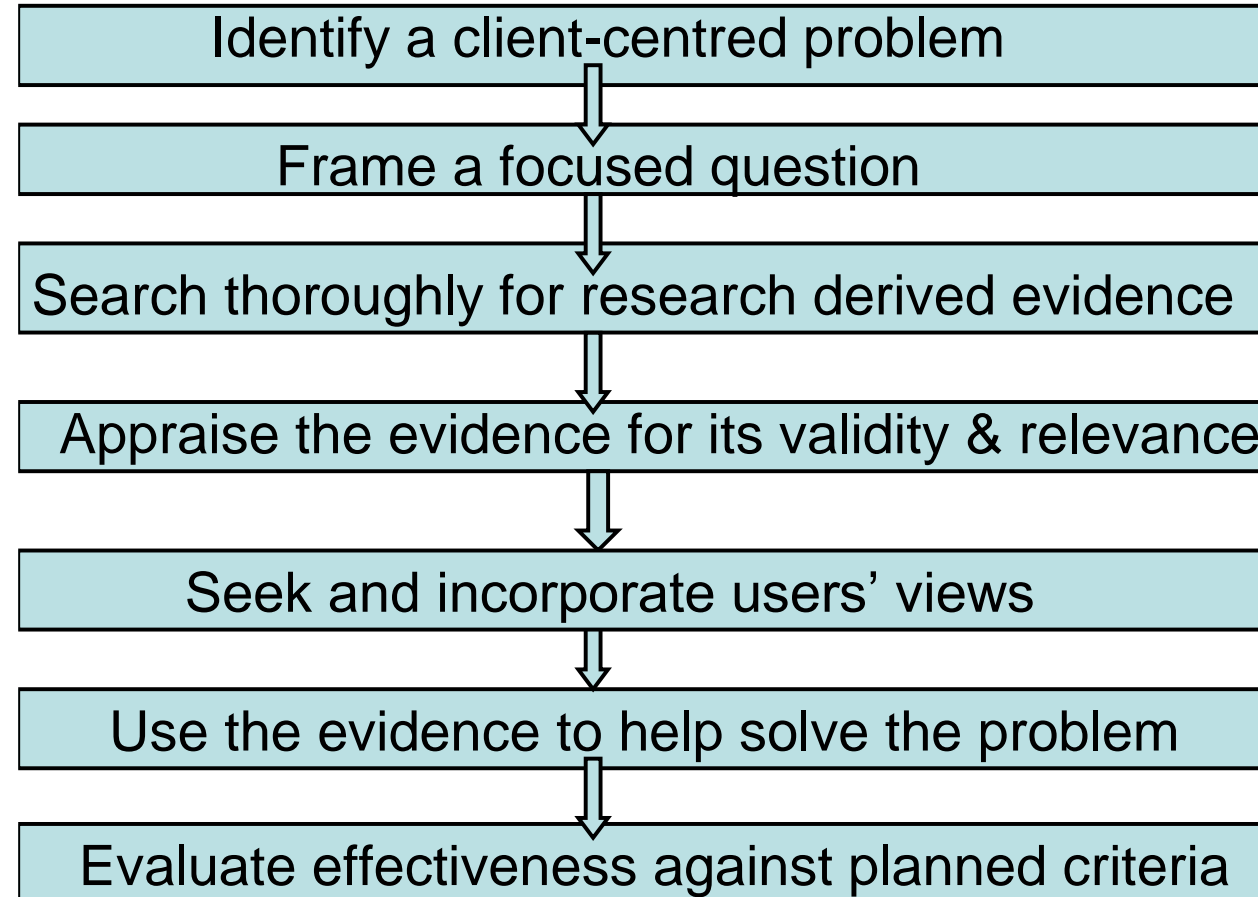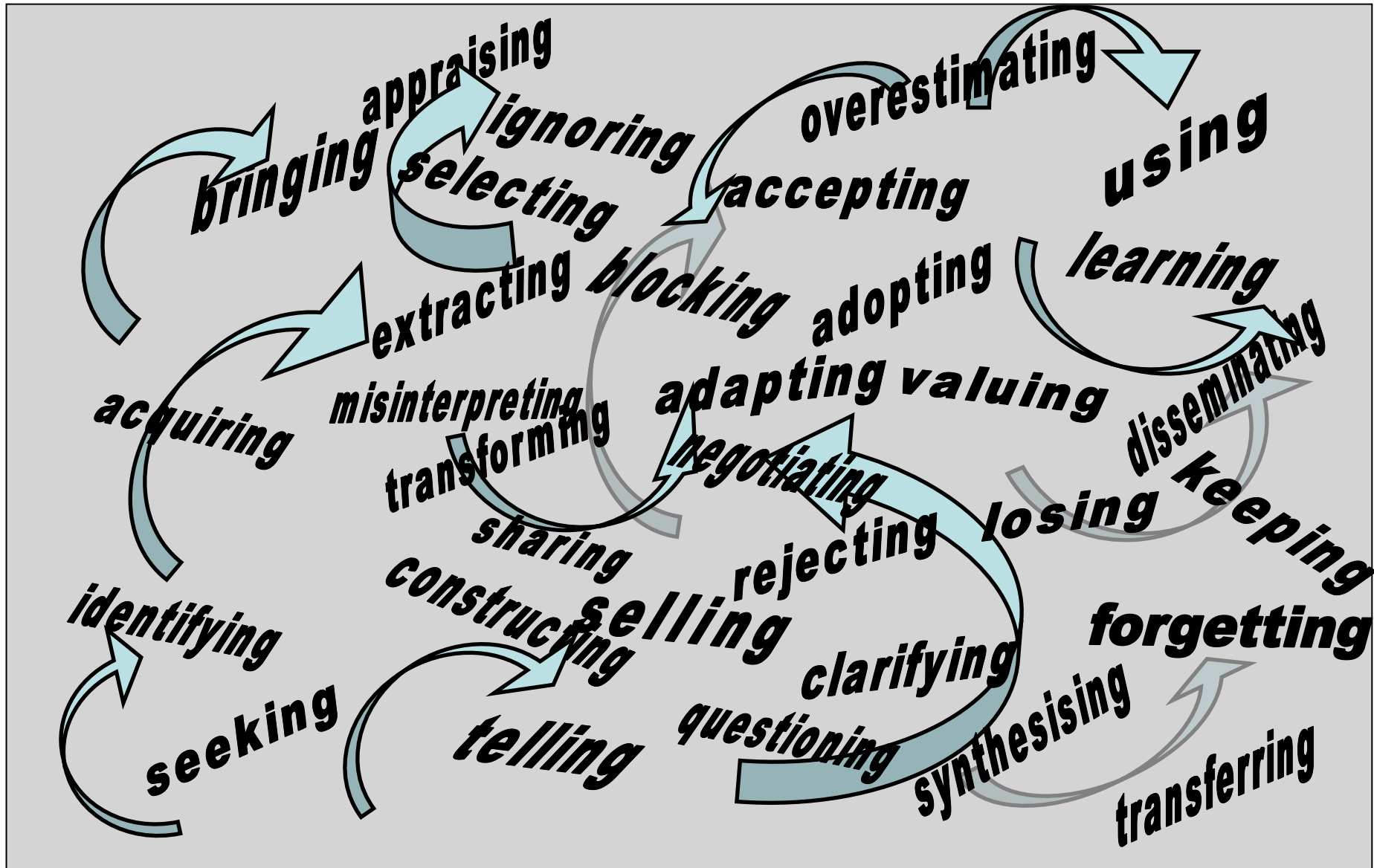Thank you!

Principles from our research

- Research uptake is not a linear, rational process

What our NHS R&D funders were hoping to achieve

Identify a client-centred problem

Frame a focused question

Search thoroughly for research derived evidence

Appraise the evidence for its validity & relevance

Seek and incorporate users' views

Use the evidence to help solve the problem

Evaluate effectiveness against planned criteria

What actually happened

Not only do people do these things to the research-based knowledge…

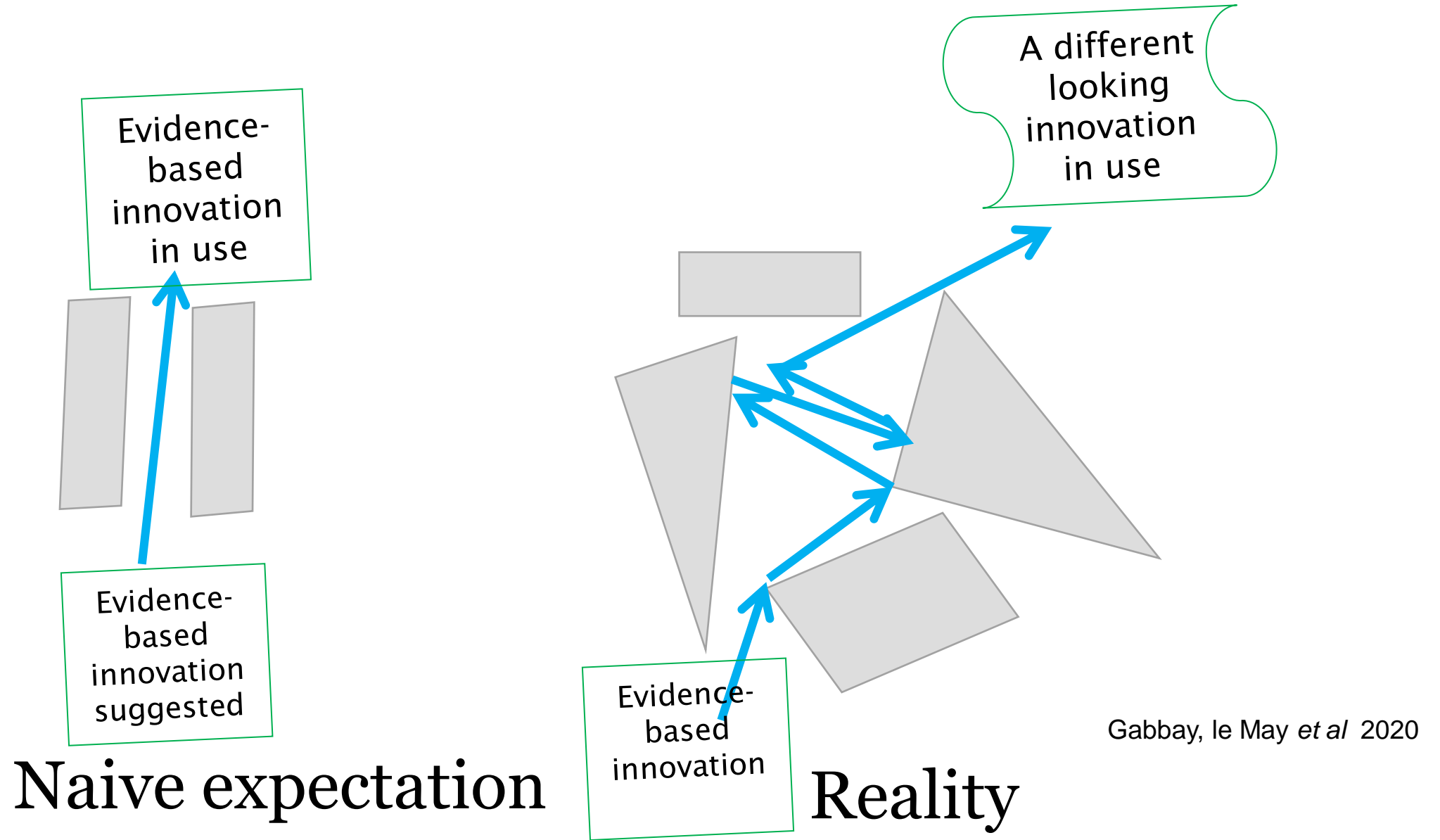But … research is not the only sort of knowledge they use!

- Research
- Policy / protocols/ guidelines
- Theoretical knowledge
- Experiential knowledge
- Custom and practice
- Trial and error

Sources of "evidence"

Own experience

National/local policy

Networks

Patients/ carers

Peers

Opinion leaders

Others' experience

Experts

Reflection

Reps – drug/ devices

Textbooks

Journals

Benchmarks

Audit /complaint reviews

Education (study days, teaching / mentoring)

Professional meetings

National / local guidelines

Conferences / workshops

Integrated care plans/ pathways

Stories and case studies

Websites

Newsletters/ cascades
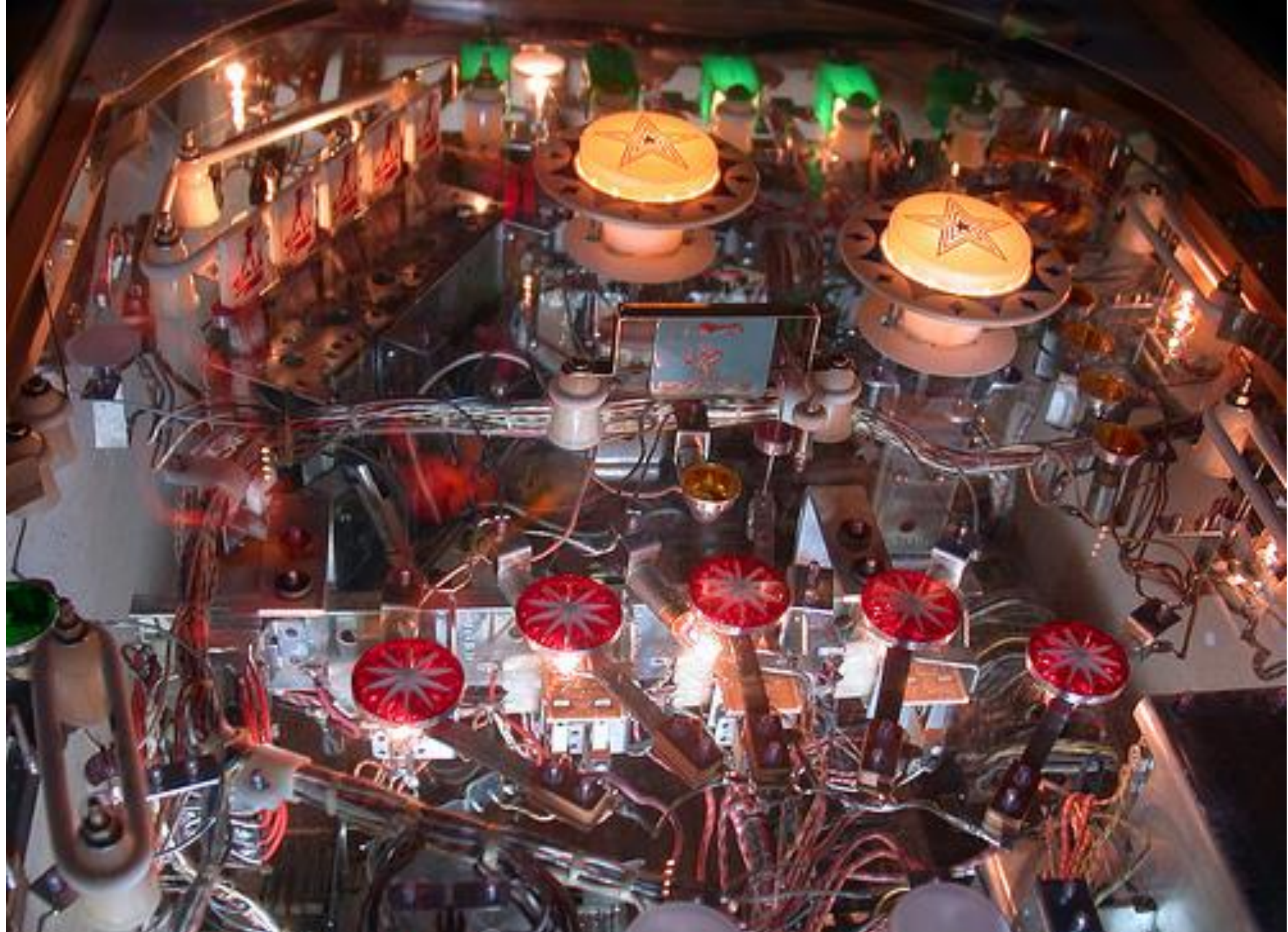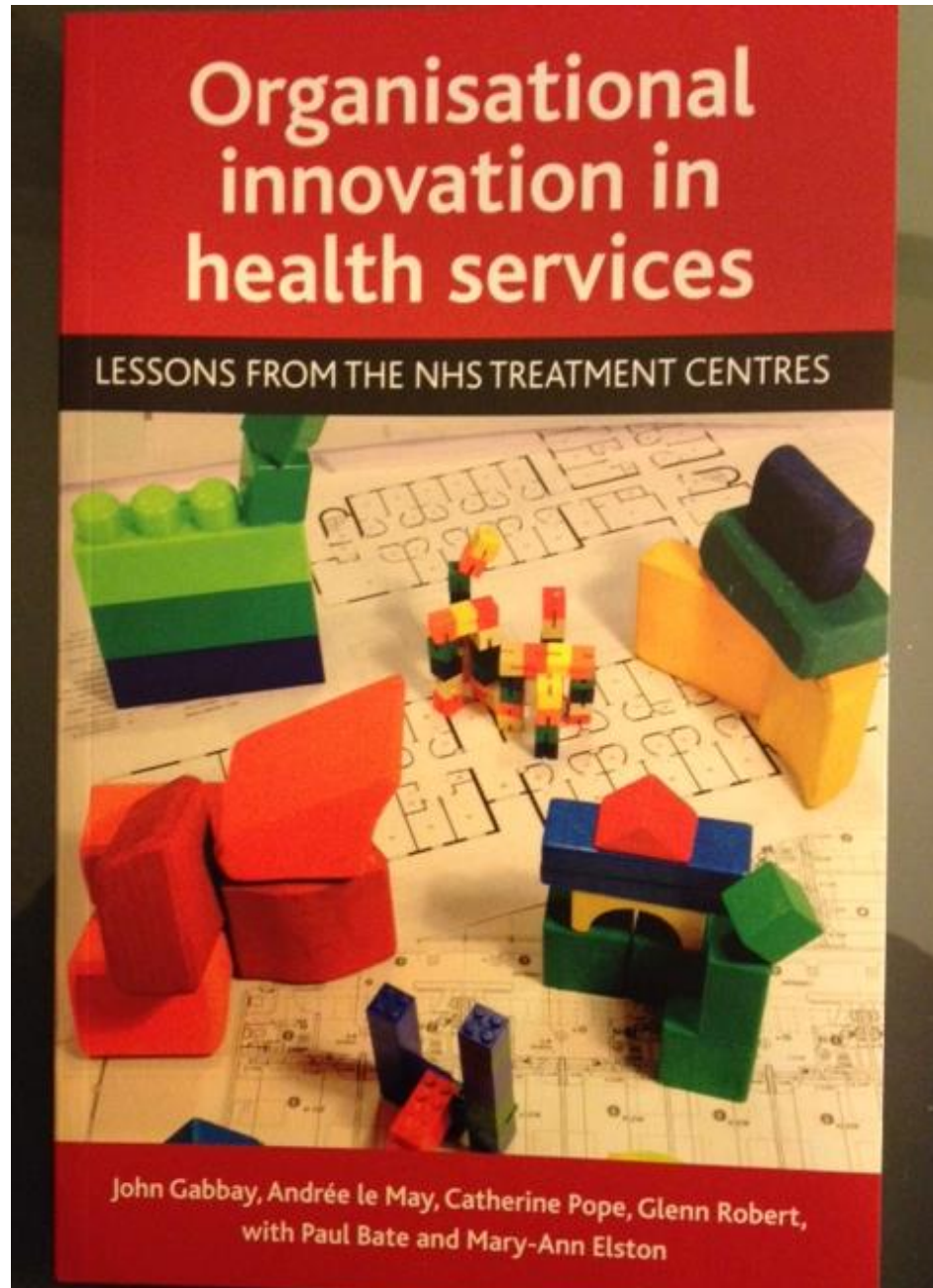
Systematic reviews

Local protocols

Principles from our research

- Research uptake is not a linear, rational process
- Research findings are melded with many sources of knowledge

Satisficing many demands

Evidence-based innovation in use

Evidence-based innovation suggested

A different looking innovation in use

Evidence-based innovation

Naive expectation

Reality

Gabbay, le May *et al* 2020

THE IMPLEMENTATION GAME

Each actor transforms the research knowledge

Hearts
Patients   Diuretics
ACE inhibitors
Echocardiographs
Open access echocardiography
Inventors
Political goals
Civil servants
Local GPs
Queens trust (££)
£360m/yr
Health service providers
Heartshire hospital
Doctors
The Heartshire Project
Project manager
Project team
NHS management
Local managers
Performance targets
Hospital management team
Cardi...

...ion leaders
National opinion leaders
Key hospital doctors
Chief cardiologist
Cardiologists
Research findings
Published evidence
Journals
Guidelines
Local guidelines

Research...
...companies
...ma reps
Manufacturers
Research funders
Research institutions
Universities
Community Health Council
Royal colleges
Medical magazines
Educational events
Popular opinion leaders
Professional networks
Practice managers
Contracts
Practice nurses
Clinical audit
Bite-sized communications
Mass mailshots   Audit results
Exhortations
Public health doctors
EBM movement

Principles from our research

- Research uptake is not a linear, rational process
- Research findings are melded with many sources of knowledge
  - shaped by multiple contextual pressures and tensions
  - transformed into knowledge-in-practice-in-context
- Satisficing many demands
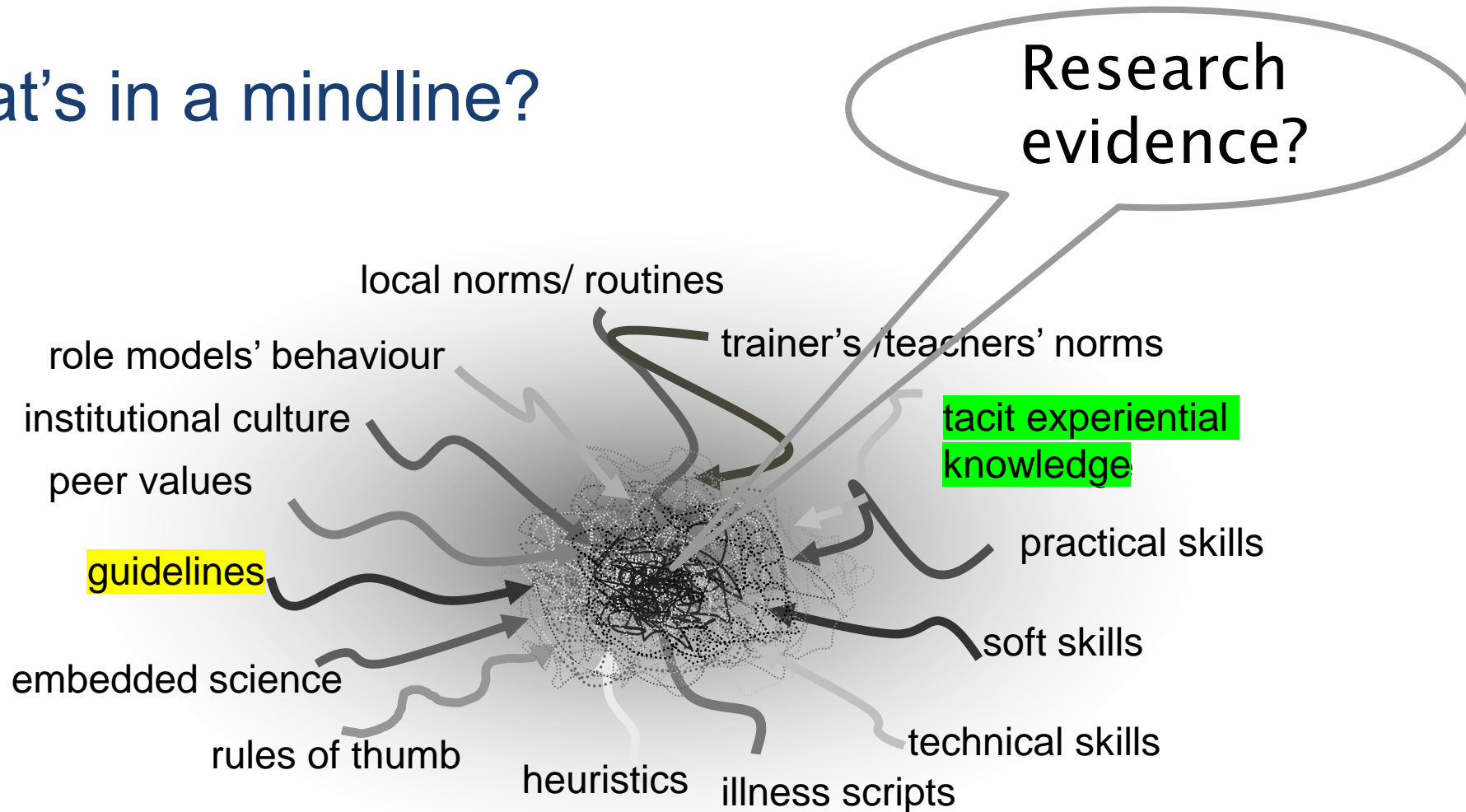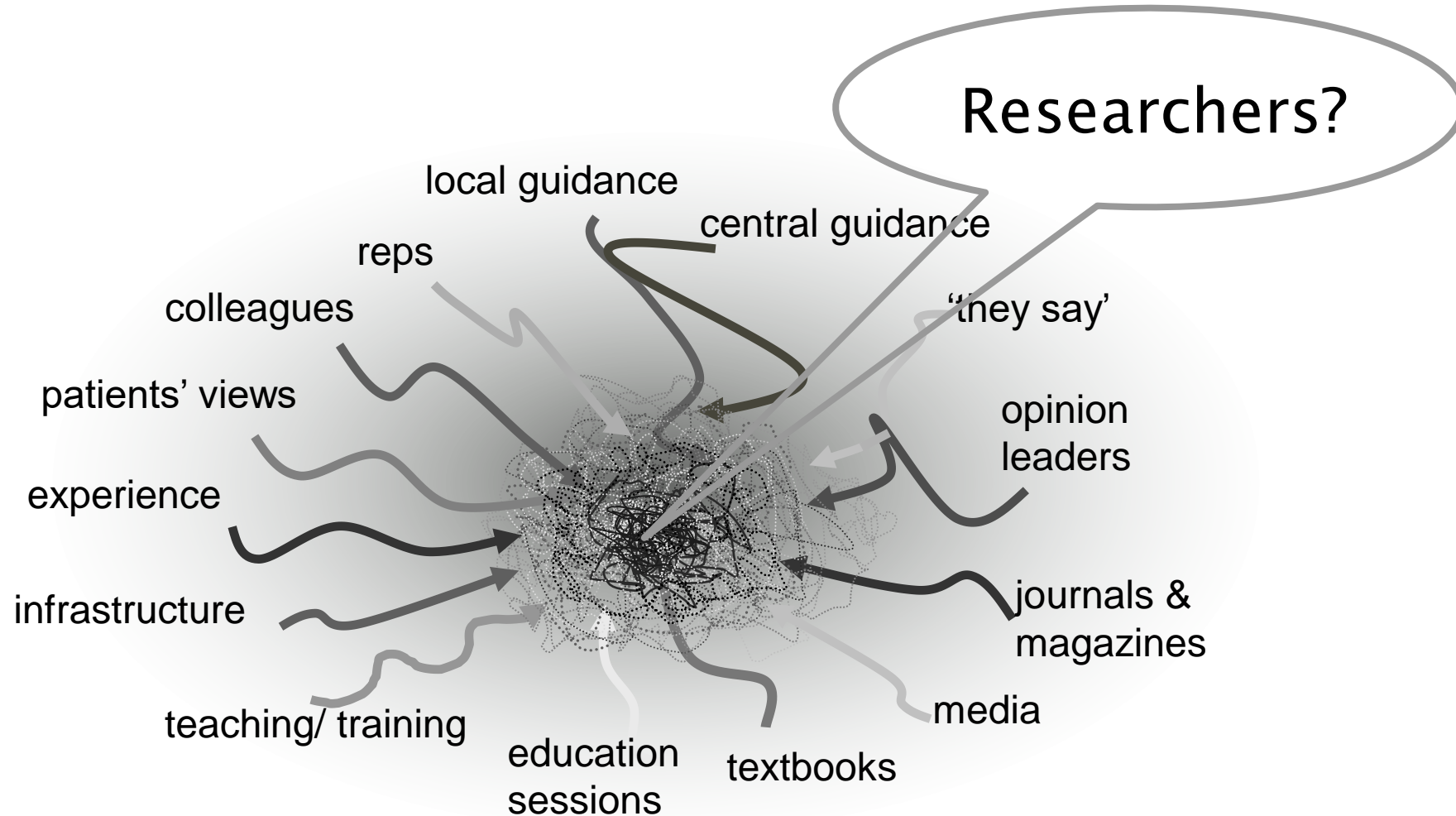- **Each actor transforms the research-based knowledge**

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Same blueprint: different outcomes

Organisational innovation in health services

LESSONS FROM THE NHS TREATMENT CENTRES

John Gabbay, Andrée le May, Catherine Pope, Glenn Robert, with Paul Bate and Mary-Ann Elston

- Centrally driven blueprint

- More or less evidence-based

- Self selected centres

- Environmental uncertainty and change

- Varied local internal & external contexts & demands

- Striking variation among centres

Gabbay, le May *et al* 2011

Principles from our empirical work

- Research uptake is not a linear, rational process
- Research findings are melded with many sources of knowledge
    - shaped by multiple contextual pressures and tensions
    - transformed into knowledge-in-practice-in-context

- Satisficing many demands
- Each actor transforms the knowledge

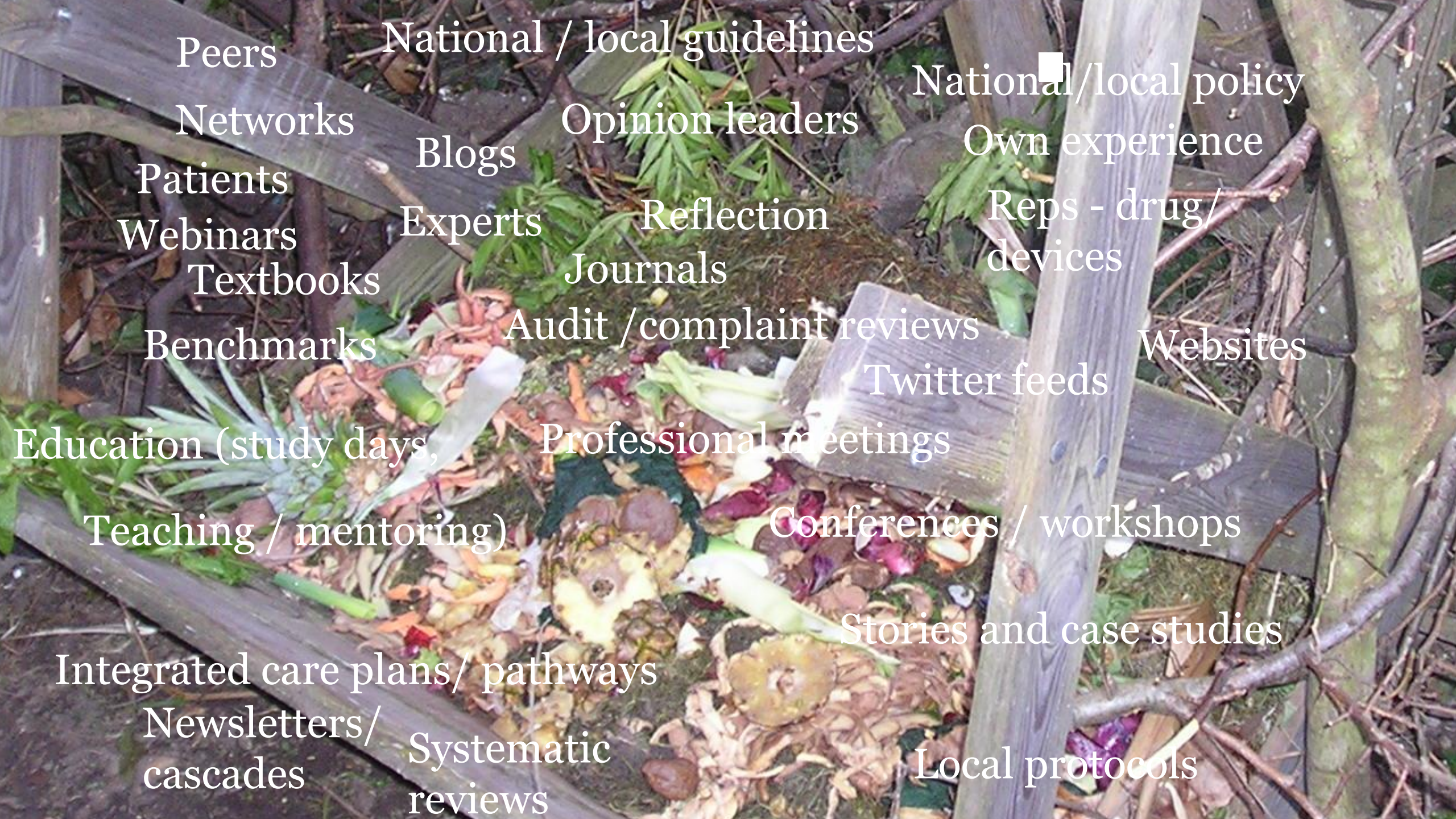- **The actors' different understandings/ needs change the outcome**

Mindlines

What's in a mindline?

Research evidence?

local norms/ routines

role models' behaviour

trainer's /teachers' norms

institutional culture

tacit experiential knowledge

peer values

practical skills

guidelines

soft skills

embedded science

rules of thumb

heuristics

illness scripts

technical skills
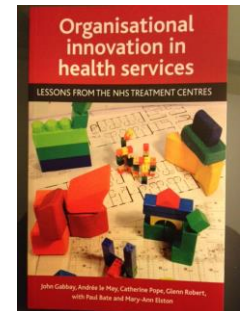
Mindlines: sources of "evidence"

local guidance

central guidance

Researchers?

reps

'they say'

colleagues

patients' views

opinion leaders

experience

infrastructure

journals & magazines

teaching/ training

media

education sessions

textbooks

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Peers

Networks

Patients

Webinars

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Benchmarks

National / local guidelines

Opinion leaders

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Twitter feeds

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Professional meetings

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Stories and case studies

Integrated care plans/ pathways

Newsletters/ cascades

Systematic reviews

Local protocols

The transformation of many sources & types of evidence

Collective mindlines
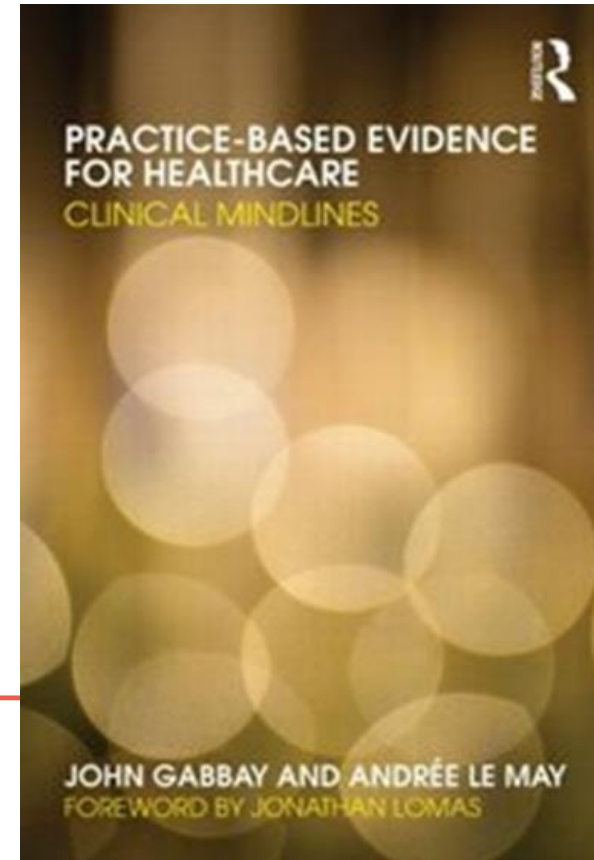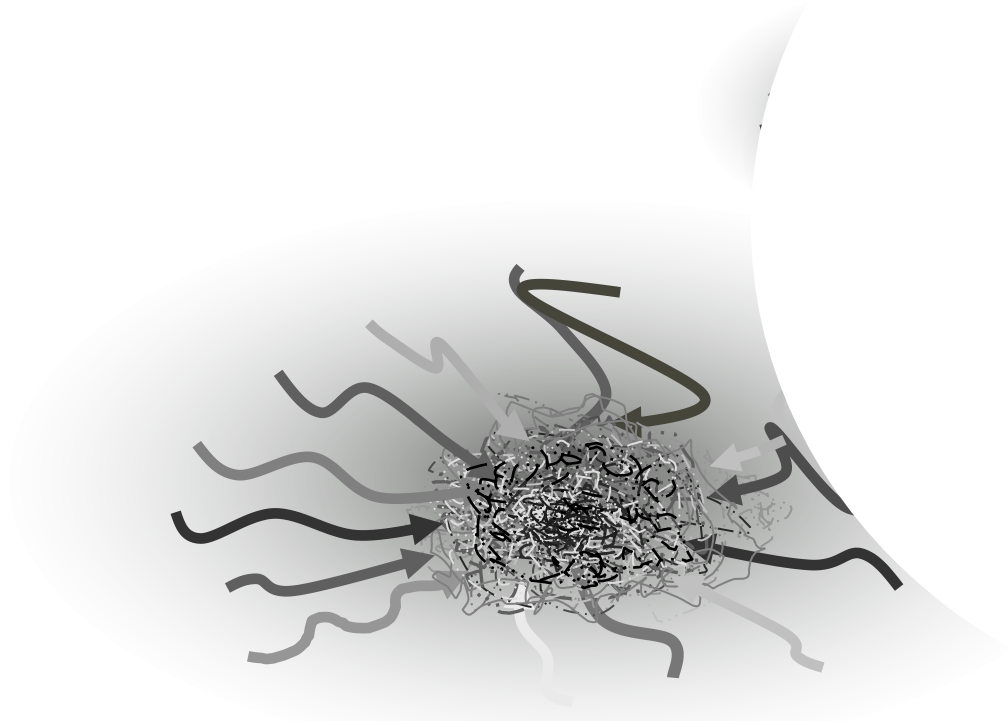
Gabbay & le May 2011

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- Each actor transforms the knowledge

- The actors' different understandings change the outcome

- **Mindlines – individual and collective – embody that process**
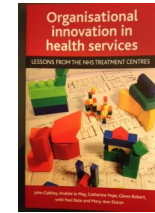
Communities of practice

helpful:

- in getting people together to develop best practice, implement or re-shape knowledge

- in promoting learning by developing and sharing collective mindlines

- as mechanisms for problem solving

- as mechanisms for speedily moving knowledge and innovation into practice

- in giving members ownership of the changes that are being made to practice

..but also unhelpful:

- by *blocking* the spread of knowledge beyond the boundaries of that community of practice

- by perpetuating *bad* practice as well as good, especially if the community has no mechanism for appraising the shared ideas

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- Mindlines – individual and collective – embody that process

- **Communities of practice can play a crucial role**
  - sharing / challenging / accommodating the various types of knowledge
  - co-producing agreed ideas for change
  - building & deploying relationships
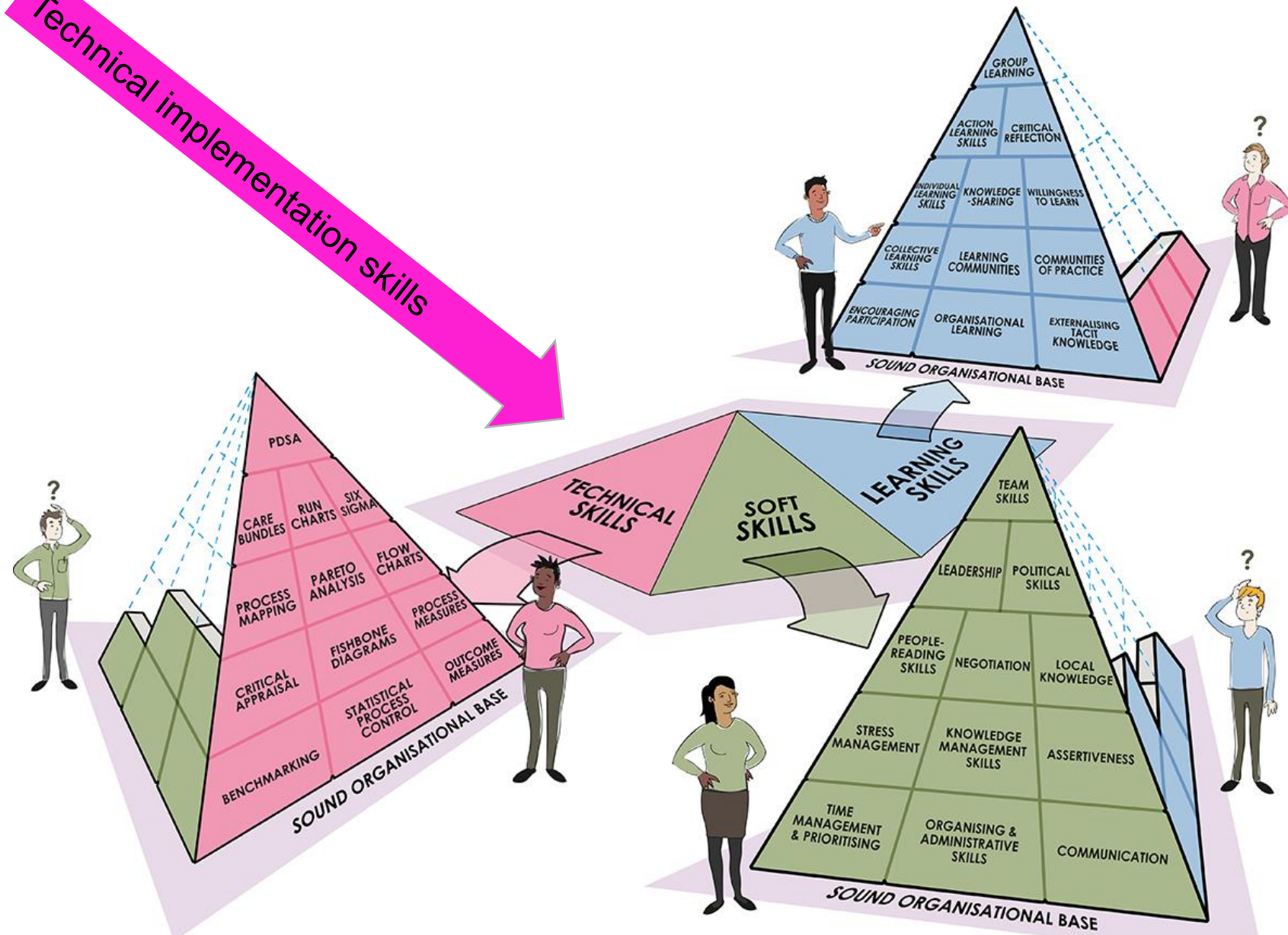 - testing, evaluating and modifying implementation approaches
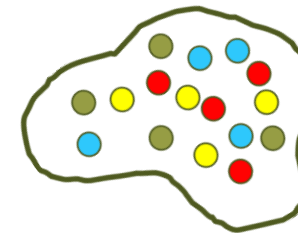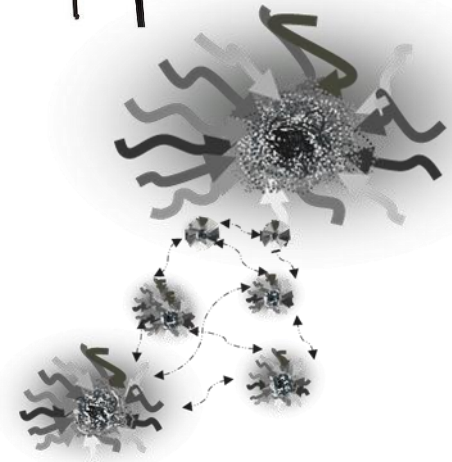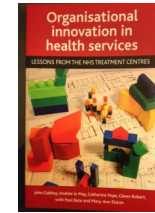
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# Improvement CoPs


Technical implementation skills

Socio-Organisational Functional & Facilitative Tasks (QI)

- Adopting and promulgating the appropriate style and tone

- Managing the QI/ implementation roller-coaster

- Getting the problem and solution right

- Getting the message across

- Enabling learning to occur

- Contextualising experience

SOFFT skills!

Gabbay, le May, Wright 2020

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  - satisficing many demands
- Each actor transforms the knowledge
- The actors' different understandings change the outcome
- Mindlines – individual and collective – embody that process
- Communities of practice can play a crucial role
- **Implementing knowledge needs the right sorts of skills**
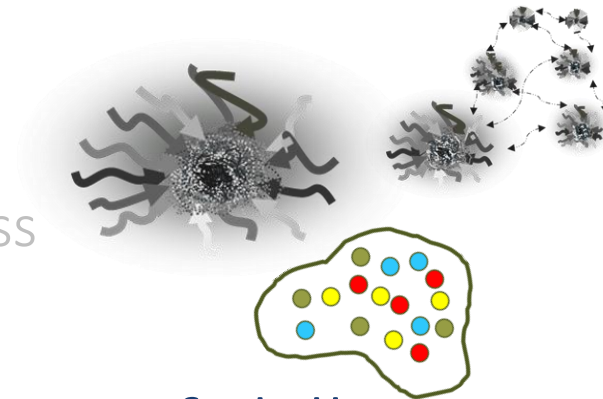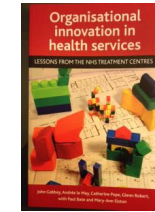
Developing Evidence-Enriched Practice (DEEP) in social care for elderly people

Andrews, Gabbay, le May, *et al.* 2015

Our ARC EoE model for implementing research

1 Inform and select topics from CLAHRC/ ARC etc outputs

2 Form CoPs
- HSC staff/ organisations
- Researchers
- Public & Patients
- Local organisations

3 Analyse claims and concerns: agree implementation plan

7 Feed back (evaluated) co-produced ideas for ARC

6 Produce 'trained' theme implementation links, fellows and champions

5 Roll out the successful changes

4 Do small tests of change and/or other QI techniques (including co-produced success criteria) and adapt.

Evaluation (formative/summative: structure/process/outcomes)

https://arc-eoe.nihr.ac.uk/research-implementation/implementation

Use relational methods to implement research-based evidence

➢Practical achievements

  ➢Six communities of practice completed or underway,

  ➢All associated with services within our Populations in Focus

    ➢'Positive Behaviour Support'

    ➢'MyPlan'

    ➢Frailty

    ➢i-THRIVE CAMHS

      i-THRIVE System Partners   **}**

    ➢Compassionate Communities

    ➢Others in the pipeline (e.g. SNAP carer-support/ Traveller/ Gypsy Roma healthcare needs)

Using relational methods to implement research-based evidence

➤ Lessons

  ➤ Lots of preparatory work *vs* rapid CoP work

  ➤ Great willingness to engage (>100 participants so far)

  ➤ Relationships / 'Respectful Critical Dialogue' (cross-sector too)

  ➤ It works with Zoom (phew!)

  ➤ Contextualisation of knowledge

  ➤ Small input can make a big difference (e.g. PBS)

➤ RAND Europe evaluation (Asynchronous Online Focus Group)

Principles from our interventional work

- Include all relevant parties

- Develop relationships

- Share perspectives

- Respectful critical conversations

- Maximise *all* relevant skills needed to make the changes

- Analyse and deal collectively with claims and concerns

- Facilitate skilfully to get consensus on desired, soundly-based change

- Once the – often lengthy – design is done: Move fast, using small tests of change

- Share results of change across all relevant parties and beyond

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Huge thanks to our co-researchers:

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- Jonathan Klein, Con Connell
- Nick Andrews, Martin O'Neill, Emma Miller, Alison Petch
- David Wright
- All the participants in the case studies, ethnographies and CoPs
- … and of course… Thank YOU

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