

## Dr Des Holden

**On behalf of ARC KSS Academy** Dr Rowena Merritt, Research Fellow in the Centre for Health Services Studies at the University of Kent, talked to the Implementation Lead for the [NIHR Applied Research Collaboration Kent, Surrey and Sussex \(ARC KSS\)](#). Des is also Medical Director of [Kent Surrey Sussex Applied Health Science Network \(KSS AHSN\)](#), having been with the organisation throughout its first licence. We met him to find out more about getting evidence into practice and the ARC KSS implementation approach.



**Q: Can you tell me a little bit about yourself?** I spend my time supporting the [AHSN](#) in its national and local programmes. Supporting the ARC because I absolutely believe in the concept of the application and implementation of research findings and I'm worried that they don't come through into practice as readily as they should. I think I'm a bit of a butterfly ... I like to add value, make sure I have and then add value in another way. I was interested in science really right through my life and took some time out and did a PhD in biochemistry during my medical training. I like to think critically and I like to think about improvement. I've been very lucky to be able to do lots of things clinically, as a consultant, and lots of things as a manager and medical leader within the acute hospital sector. I moved across into the [KSS AHSN](#) because I wanted to work more across systems and not just at a hospital level.

**Q: Why is the ARC so focussed on implementation and what is your vision for the work of the ARC over this first 5 years?** So ... the [NIHR ARCs](#) are really distinguished by the need to think about discovery and implementation of the results. So much of academia I think relates

to discovery, answering the very interesting questions and then publishing the results and moving on to the next challenge and the use of those results is somebody else's problem or nobody's problem. But the ARC's explicitly ask its researchers to implement the findings into practice for the benefits of people.

Now in my view by far the most effective way to do that is to make sure that the questions that are being asked and answered resonate with what the local health or social care system needs. So ideally, they should resonate not just with the priorities that system leaders have but be informed by front line professionals and people in receipt of care or services. So, I'm sure you can imagine and see that if questions are set at the front line, then there is real interest in what the results are going to be and in pulling those results into practice.

**Q: So how do you hope [ARC KSS](#) will accomplish that because there's a documented divide between academic research and front-line implementation of the findings? How are you kind of bridging that gap?** You're absolutely right and we are still in the early days but what we're trying to do is a number of things

that we hope overall will make our strategy deliverable. Our approach is based around supporting communities of practice around some of the groups that we think explicitly fit the brief of what we said when we applied for an ARC in this region.

So, for instance to pick one theme, we have a theme around [Starting Well](#), which is a children and young people's mental health theme. So, the lead for that theme and the implementation manager both have very good connections professionally, but they also have very good connections into groups of citizens.

So, there's a community of practice around care-leavers for instance and we know that care-leavers, young people who leave looked after status and go their way in the world, have much higher risk and rates of mental illness and crime and other problems later in life. This has been an early success, even in the context of COVID. So, by engaging with that community of practice around what they need, enables research to be done which is relevant. The findings then tend to land much better in that community and also make sense to the people charged with either looking after them or

commissioning the care that looks after them.

Other community of practice are forming but the key is being able to talk to people about what their needs are and being able to turn those conversations into questions.

**Q: ARC KSS talks a lot about this concept of community of practice. How do you interpret that term and how does it relate to implementation?** I think of a community of practice as people who are connected by a certain mission, or a certain need. So, within the community of practice of care-leavers that ARC KSS has built are the care-leavers themselves, but there are also people who have been caring for them and people who provide both paid services and voluntary services that are aimed at that population. Within that community of practice they are all experts, but they're expert by experience in different things. It's a mixed community but all have some relevant experience in relation to the problems of being a care-leaver and transitioning into the wider world. The ARC approach is to use this group in the design of the research question in the first place. Go to the place where the problems exist and try and design your research questions there.

We then need to communicate the findings with them and check back that the questions are continuing to be relevant. The critical second part is that within the community of practice are also people who have budget to deliver care, people who commission care. In that

particular community we have Local Authorities and the NHS England national lead for looked after children. So, we're presenting the results of the question to a mixed group including those who have the power to make changes and being able to also discuss them with the people who are going to benefit from changes themselves. That provides a kind of virtuous circle.

So far that approach is working well. Within that particular study we've seen people in charge of care services, including the NHS England national lead for that work, pledging to make a difference and to do some things that the young people have identified as needed.

**Q: So, what advice or tips would you give to those planning their research to ensure they think about how it is implemented?** Sure, so I think probably top tip number one is to really understand what the question is that you want to ask, or answer, and why do you want to do that. If someone comes to me with an idea what I tend to do is try to ask them what they expect to find from that research and what the difference is that they think that research will make. What will be the impact of doing that research? I'd be interested to know what their experience in research and in that area is as well. I'd also like to know whether they've engaged with people who are facing that care need or that challenge and who have that real world experience.

If all of that is a kind of yes and their question is relevant to the [ARC KSS research themes](#), then I

would want to get them to work with the ARC's implementation managers and the academic leads. Researchers should also use services like the [RDS SE](#) or the [KSS CRN](#) because it might be that it's not quite what the ARC wants to do or that it can be more convincing to the ARC and more supportable with some kind of additional advice. But I wouldn't want to put people off. Pretty much all the questions that people bring I find interesting. I always have. So...we'd want to be thinking right from the word go, is it the right question? How would we implement the findings? How would we measure the impact from the outset? So right from the beginning try to ensure it works to the ARC aim of supporting research that is implemented into practice. It's not an obstacle course, it's a supported journey.

**Q: Now that the ARC KSS is one and a half years old, what's your vision for the future? What would success look like?** So, I suppose the answer to that is that we will have year on year had really good research questions being answered very well that absolutely resonate at the front-line and have changed practice. Answers that front-line and system leaders have been primed and are expecting to receive and that have been implemented. I would also expect there to have been a handful of things that have had a real national stage. I don't know what they'd be yet, but there are one or two things that are coming through at the moment that could be some real high points where we really believe that those research findings have made a difference to people's lives.