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Collaboration for Leadership
in Applied Health Research and
Care Yorkshire and Humber



Strategic
Research
Alliance

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Sheffield

**Conquering research impact:
reaching the summit, making a difference and surviving**

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23/09/2019



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Overview



- Research impact: definitions and interpretations.
- Achieving impact: strategies and mechanisms.
- Examples
- Key messages



REF Definition

- “For the purposes of the REF, impact is defined as an effect on, or contribution to, society, the economy, the environment or the quality of life, beyond academia . . .”

“Research impact is the good that researchers can do in the world” (Reed 2018, P15)

OR

- To make a difference and improve lives in healthcare.



Achieving impact is about:

- Values and principles
- Being inclusive
- Equality
- Relationships: two-way over the long term
- Partnerships
- Trust
- Empathy
- Understanding



Strategies



- Challenge assumptions
- Mixed methods
- Knowledge translation – not knowledge transfer
- Mode 2 vs Mode 1 knowledge.
- (Creative) Co-production
- Actionable tools



True?



False?





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Methods



Quantitative
- how much?

Our company

Year	Q1	Q2	Q3	Q4
2018	10	15	20	25
2019	12	18	22	28
2020	15	20	25	30
2021	18	22	28	32
2022	20	25	30	35

Business Items

Item	Value
Item 1	10
Item 2	15
Item 3	20
Item 4	25
Item 5	30

Adobe Spark

Qualitative -
why?

Adobe Spark

Mixed
Methods

Adobe Spark



The University Of Sheffield. **Knowledge translation vs Knowledge transfer**



- **Knowledge mobilisation**
- **Knowledge transfer** *“treats new knowledge like a ‘gift’ that can be transmitted unchanged from one person to another”.* (Reed, 2018)
- **Knowledge translation:** *Process that moves knowledge created to knowledge used for benefit.*



'Collective making' as knowledge mobilisation: the contribution of participatory design in the co-creation of knowledge in healthcare

Joe Langley^{1,2,3*}, Daniel Wolstenholme^{1,3} and Jo Cooke^{3,4}

Abstract

The discourse in healthcare Knowledge Mobilisation (KMB) literature has shifted from simple, linear models of research knowledge production and action to more iterative and complex models. These aim to blend multiple stakeholders' knowledge with research knowledge to address the research-practice gap. It has been suggested there is no 'magic bullet', but that a promising approach to take is knowledge co-creation in healthcare, particularly if a number of principles are applied. These include systems thinking, positioning research as a creative enterprise with human experience at its core, and paying attention to process within the partnership. This discussion paper builds on this proposition and extends it beyond knowledge co-creation to co-designing evidenced based interventions and implementing them. Within a co-design model, we offer a specific approach to share, mobilise and activate knowledge, that we have termed 'collective making'. We draw on KMB, design, wider literature, and our experiences to describe how this framework supports and extends the principles of co-creation offered by Greenhalgh et al. [1] in the context of the state of the art of knowledge mobilisation. We describe how collective making creates the right 'conditions' for knowledge to be mobilised particularly addressing issues relating to stakeholder relationships, helps to discover, share and blend different forms of knowledge from different stakeholders, and puts this blended knowledge to practical use allowing stakeholders to learn about the practical implications of knowledge use and to collectively create actionable products. We suggest this collective making or activation of this knowledge.

Keywords: Coproduction, Co-creation, Participatory design, Empowerment

Background

The discourse in health
(KMB) literature

<http://clahrc-yh.nihr.ac.uk/our-themes/translating-knowledge-into-action/home>

**Knowledge Translation is the
study of why this gap exists
and how it can be reduced**



MODE 2

- Co-creation-collaborative knowledge generation
- Academics working alongside other stakeholders
- Knowledge production is between universities and society.
- Co-creation is widely believed to increase research impact. (Greenhalgh et al 2016)

**Co-production is
suggested as the
best way to do
Mode 2**

Community and society

Healthcare system



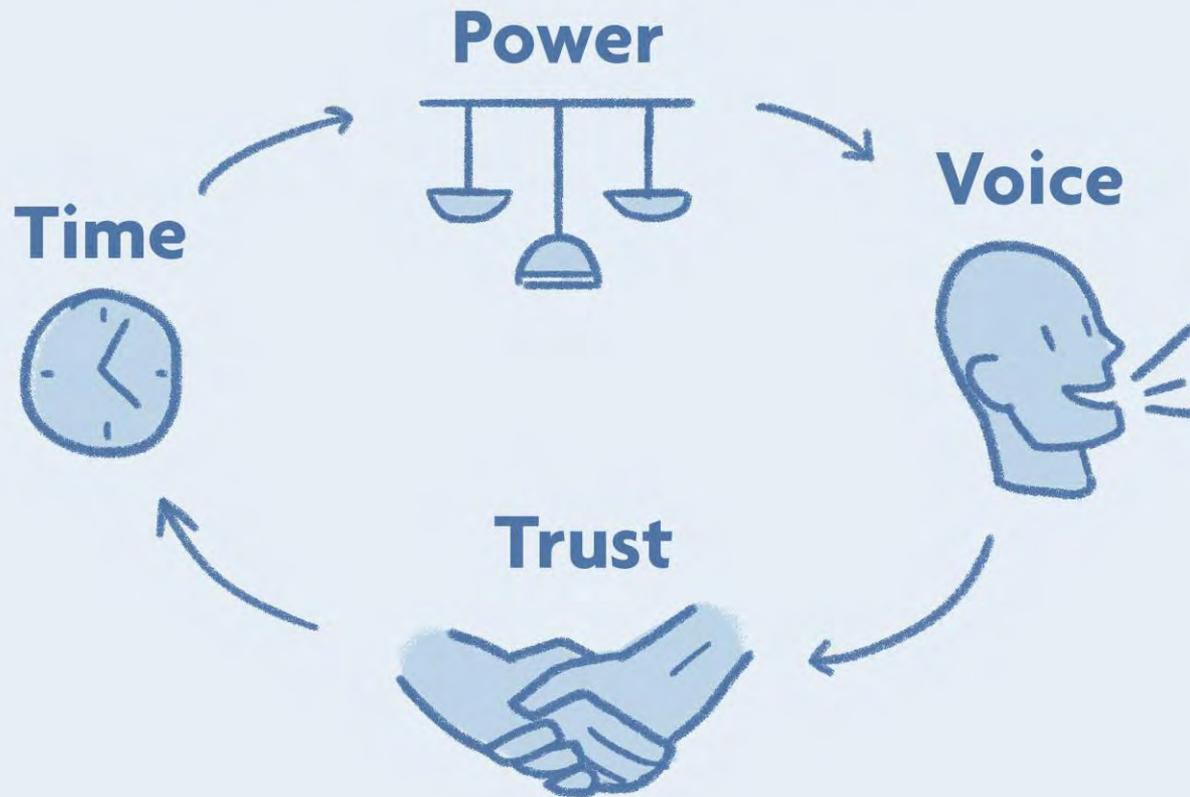
Good health for all



How?

- Workshop based activities
- Sharing knowledge
- Creative methods e.g. Making, drawing, filming, experiencing
- Designer integral to activity
- Developing consensus regarding potential solutions
- Testing/prototyping
- Developing 'actionable tools' to be implemented for impact of co-production'

Co-production





Actionable tools



RESEARCH ARTICLE

Open Access



What is a research derived actionable tool, and what factors should be considered in their development? A Delphi study

Susan Hampshaw^{1,2*}, Jo Cooke² and Laune Mott²

Abstract

Background: Research findings should be disseminated appropriately to generate maximum impact. The development of research derived ‘actionable’ tools (RDAT) as research outputs may contribute to impact in health services and health systems research. However there is little agreement on what is meant by actionable tool or what can make them useful. We set out to develop a consensus definition of what is meant by a RDAT and to identify characteristics of a RDAT that would support its use across the research practice boundary.

Methods: A modified Delphi method was used with a panel of 38 experts comprising of researchers, research funders, policy makers and practitioners. Three rounds were administered including an initial workshop, followed by two online surveys comprising of Likert scales supplemented with open ended questions. Consensus was defined as 75% agreement.

Results: Consensus was reached for the definition and characteristics of RDATs, and on considerations that might maximize their use. The panel also agreed how RDATs could become integral to primary research methods, conduct and reporting. A typology of RDATs did not reach consensus.

Conclusions: A group of experts agreed a definition and characteristics of RDATs that are complementary to peer reviewed publications. The importance of end users shaping such tools was seen as of paramount importance.

The findings have implications for research funders to resource such outputs in funding calls. The research community might consider developing and applying skills to coproduce RDATs with end users as part of the research process. Further research is needed on tracking the impact of RDATs, and defining a typology with a range of end users.

Keywords: Delphi study, Knowledge transfer, Dissemination, Knowledge translation, Research derived actionable tool (RDAT)



“Seeing” the Difference: The Importance of Visibility and Action as a Mark of “Authenticity” in Co-production

Comment on “Collaboration and Co-production of Knowledge in Healthcare: Opportunities and Challenges”

Jo Cooke¹, Joe Langley², Dan Wolstenholme², Susan Hampshaw⁴

Abstract

The Rycroft-Malone paper states that co-production relies on ‘authentic’ collaboration as a context for action. Our commentary supports and extends this assertion. We suggest that ‘authentic’ co-production involves processes where participants can ‘see’ the difference that they have made within the project and beyond. We provide examples including the use of design in health projects which seek to address power issues and make contributions visible through iteration and prototyping; and the development of ‘actionable outputs’ from research that are the physical embodiment of co-production. Finally, we highlight the elements of the Collaboration for Leadership in Applied Health Research and Care (CLAHRC) architecture that enables the inclusion of such collaborative techniques that demonstrate visible co-production. We reinforce the notion that maintaining collaboration requires time, flexible resources, blurring of knowledge producer-user boundaries, and leaders who promote epistemological tolerance and methodological exploration.

Keywords: Co-production, Knowledge Mobilisation, Design Approaches in Healthcare, Research Impact, Actionable Tools

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- A research derived actionable tool is a product informed by research study findings that is intended to:
 - change the way of thinking,
 - promote decision making or
 - instigate action around an issue.





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Examples



- My Malignant Pleural Effusion Journey
- Neutropenic sepsis: Spreading the news and promoting self monitoring
 - Translating Knowledge into Action (TK2A) NIHR CLAHRC Yorkshire and Humber



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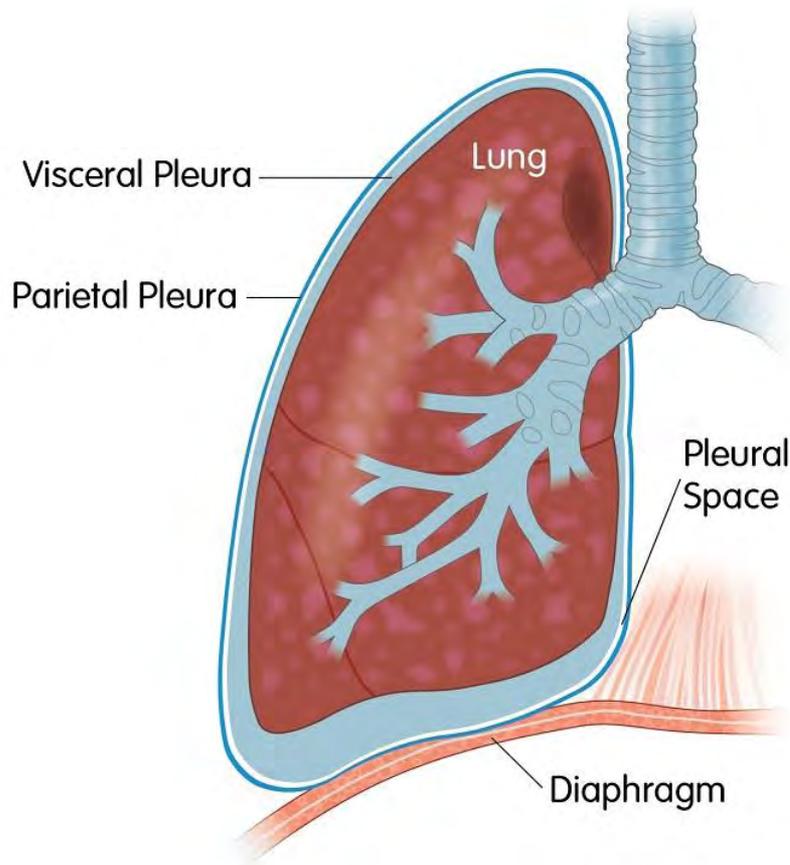


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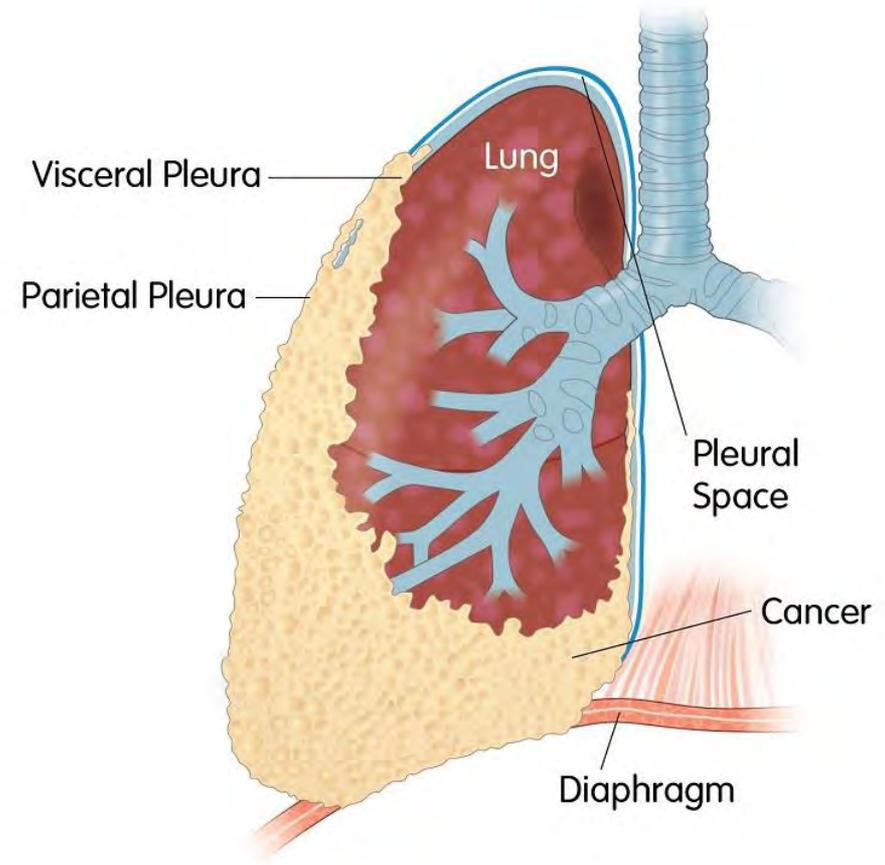


My Malignant Pleural Effusion Journey

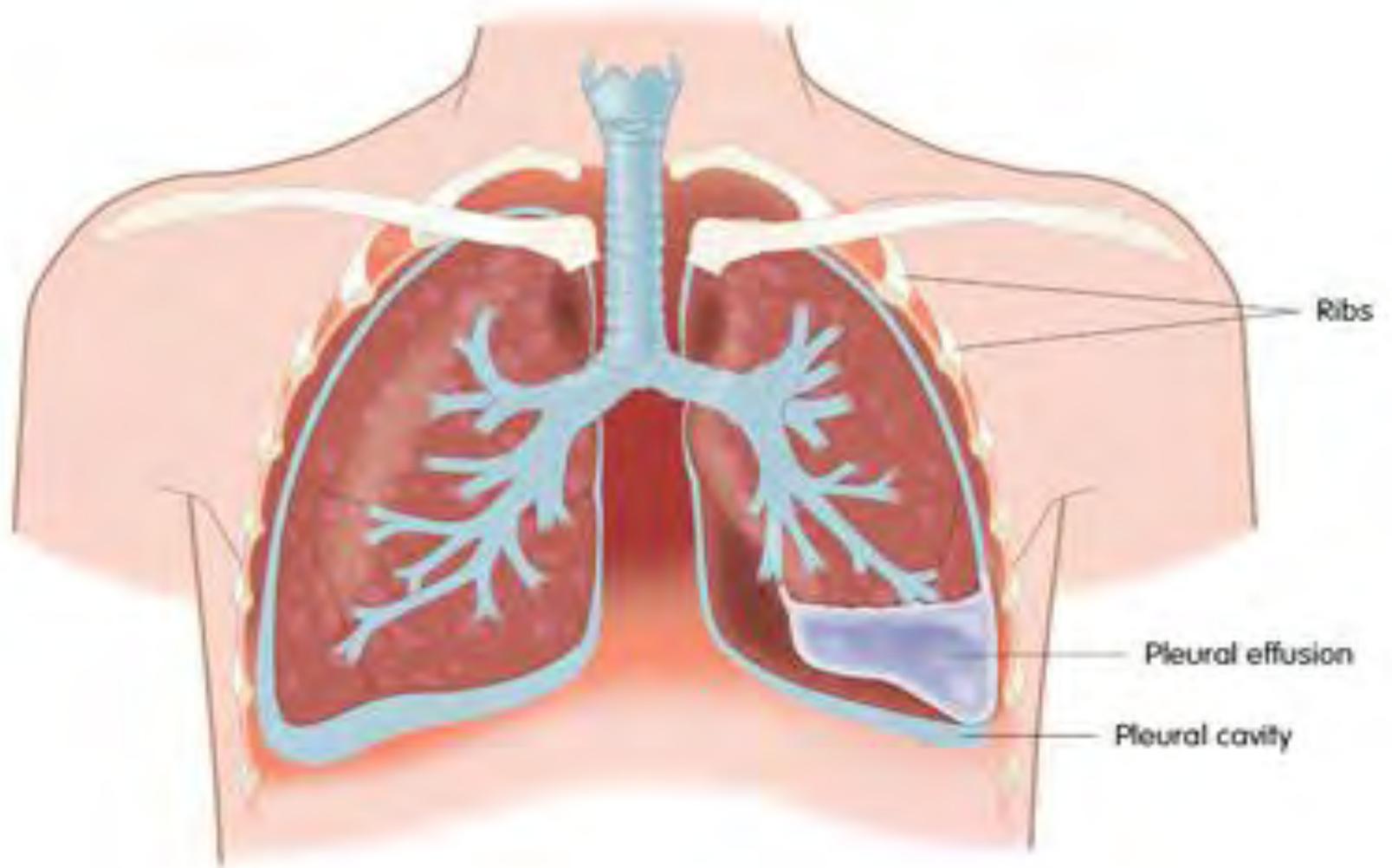
Healthy Lung



Diseased Lung



Mesothelioma



Malignant Pleural Effusion

Please capture on this timeline the key moments of your journey

FEEDBACK FROM YOUR SITE

	CANCER JOURNEY	PLEURAL EFFUSION JOURNEY	PLEURAL EFFUSION INFO DELIVERY	SPARKS / HIGHLIGHTS
SYMPTOMS				
DIAGNOSIS				
TREATMENT				
PROGNOSIS				
QUALITY OF LIFE				
PSYCHOLOGICAL				
PHYSICAL				
SOCIAL				
FINANCIAL				
LEGAL				
OTHER				



Name: _____

Home Situation:
.....

Sources of Support:
.....



Home Situation:
He lives in a house he built himself in the Peak District

Sources of Support:
He lives with his wife who is a retired nurse & has grown up family living nearby

Name:
.....

Age:
.....

Attitude towards Own Health:
He isn't used to be unwell & wants to carry on as normal. He's normally very active doing DIY or enjoying the countryside





Findings



- Managing the MPE was a greater priority for patients than overall cancer treatment.
- Consistent information from specialists.
- Information in a variety of formats, but visual images helped.
- Influences on treatment options were personal aspects of life e.g. how active they are, what support is available, health perceptions

Outputs



Patients can use the tool before or during consultation to share their thoughts on treatment.

- **Prototype**
 - Mypleuraleffusionjourney
 - Mobile/tablet
- **Learning**

This has been the best learning experience of my training to date
Student Nurse



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Neutropenic sepsis: Translating complex findings into patient care



Background



- Neutropenic sepsis
 - life-threatening complication of chemotherapy.
- Patients require urgent assessment and treatment (NICE 2012).
- A challenge
 - for most patients neutropenia occurs while they are at home.
- Patients (and those close to them) need to be able to recognise signs and act



Practice development

- The service had developed to implement NICE Guidance and reduce delay in patient presentation.
 - locally agreed guidelines
 - risk stratified treatment pathway
 - telephone advice service
 - 650 to 800 calls every month (high variability)
 - staff training
 - standardised written patient information
 - neutropenic sepsis alert card
 - one-to-one pre-chemotherapy information consultations
- Good stuff but was it working?



The Temperature Project!!!



Weston Park Hospital:
Clare Warnock,
Rachel Mead, Martina
Page, Jamie-Lee
Gynn, Gail Lambarth

- Body temperature is not a consistently reliable diagnostic or prognostic indicator for outcomes in patients with neutropenia and symptoms of infection.
- It can assist with early presentation and recognition of infection in many neutropenic patients.
- Over-reliance on temperature risks missing the opportunity for early detection and treatment.

“If it went above 37.5, I would leave it for 4 to 6 hours, monitor it every hour and then ring as at least you would have a bit of information behind you when you rang. If I was feeling alright I would do this if I wasn't I would ring”

“I think they told me to take it every day but I don't because if I feel alright I don't bother”

“I just wanted to lie down and go to sleep, I waited a whole day because I thought it was just a natural occurrence after chemo”

“(husband) said, I'm just going to test it (temperature) again...and he said I'm going to ring and I was like, oh can we ring in the morning because I just want to go to sleep, and he was saying no because it says ring and I think its important that we don't leave it. So he rang”

“My daughter and niece; I don't take it in so they come to my appointments, they remember everything”



Impact:

Translating Complex findings into practice

- Body
- reli
- Over
- the c
- treat
- Patie
- Man



ly
 cator.
 missing
 nd
 S.
 S.



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Aims and activities

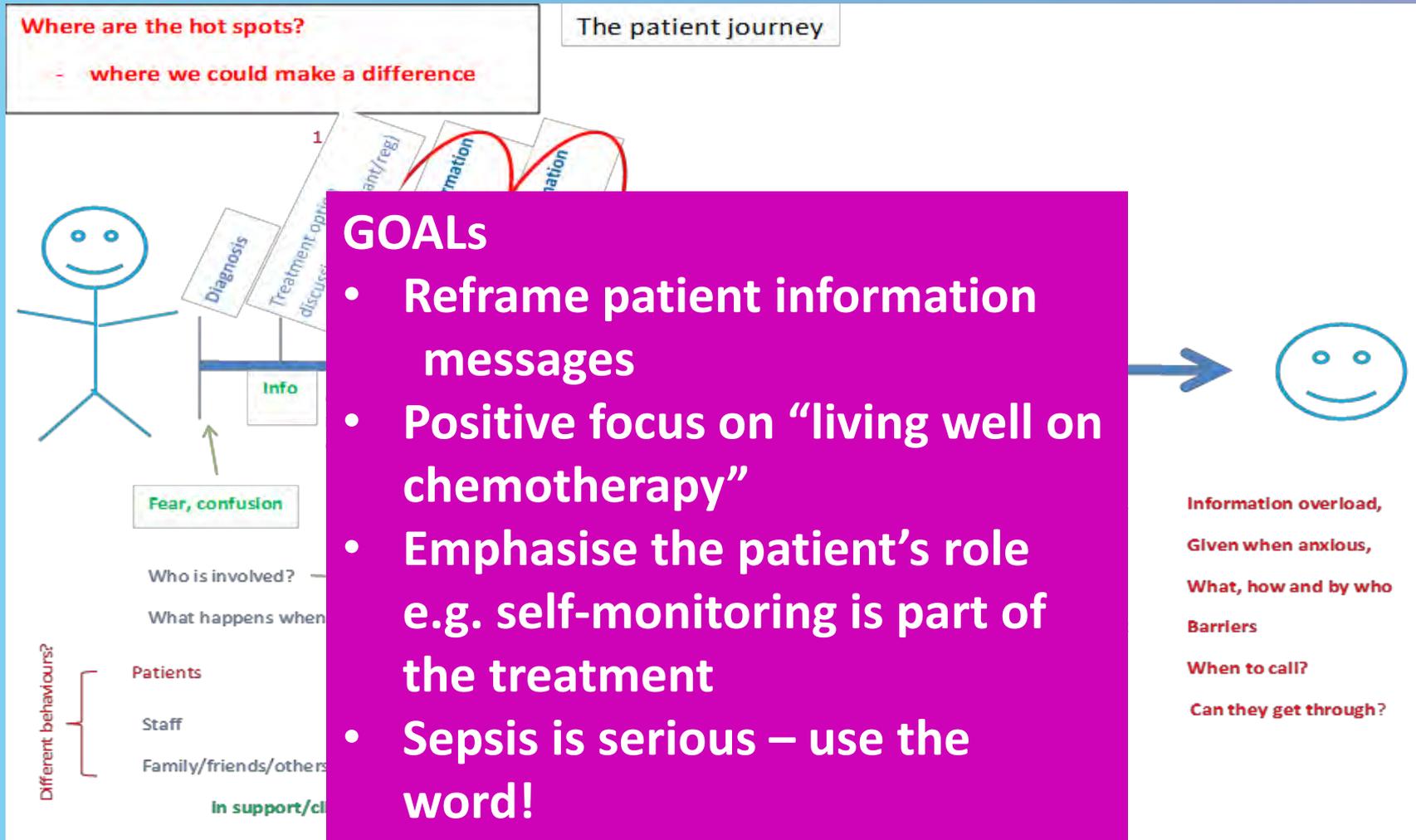


Aims:

- Understand and promote self-management
- Resources tailored to different patients
- Identify ways to help staff communicate and advise.



Incident room



Jim

Age: 36

I researched online the best action to take & followed the advice for leukaemia as that sounded reasonable



Patient story

- Married 2 young children, works full time
- Main breadwinner but still has time to worry about how his diagnosis will affect him and his family - financially, socially, emotionally
- He will still need to work through treatment

Attitudes towards own health

- Always taken a keen interest - went to GP as soon as he found the problem
- Clean eating but likes a pint when at pub quiz

Sources of support (family/friends)

- Pub quiz mates - lots of banter
- On-line friends
- Football mates

Hobbies and interests

- On-line computer games, pub quiz
- Plays sunday football with son
- Gym sessions 3 x per week at least

Attitude towards technology

- FB user, Instagram /social media
- Likes to google everything - has looked at forums and joined some to chat online

Pauline

Age: 59

I'll be fine;
I'll just get on
with it



Patient story

- Strong woman, has always looked after others, "doesn't have time to put herself first", and doesn't want to worry or bother other people
- Having treatment and doesn't want to come into hospital again

Attitudes towards own health

- Denial strong - willing things not to happen or to be something else.
- Not used to being unwell "I don't get ill"
- Mother was a nurse "wasn't allowed to be ill as a child".
- Looks after herself and has read the information given about treatment

Sources of support (family/friends)

- Use to support others rather than receiving it, doesn't want to be a burden to others.
- Husband supportive and will take action
- Friends have experience of cancer and hear their stories, but this doesn't always translate to doing the right action

Hobbies and interests

- Reading
- Walking
- Family
- Bird watching
- Travel

Attitude towards technology

- Can use technology and the internet but doesn't use it a lot, not part of everyday life - relatively new skill

Tailoring information

1. Know what they are meant to be doing - but do too much;
2. Know - but doesn't do;
3. Know - but can't do;
4. Doesn't know and doesn't do.



Advice in your Pocket

+ Nausea (feeling sick) or vomiting (being sick)

	Be aware	Be alert	Call now
Symptoms	Feeling a little sick but managing to eat almost as normal. Vomiting once a day.	Being sick 2 to 5 times a day. Feeling or being sick and eating a lot less than normal	Being sick 6 or more times a day. Feeling or being sick and not able to eat or drink.
What to do	Take your anti-sickness tablets as advised. Drink plenty of water. Eat little and often. Follow the advice on the back of this card.	Ring 0114 226 8345 or 0114 271 2733 and ask for the Weston Park nurse practitioner. Follow the advice on the back of this card.	Ring immediately and ask for the Weston Park nurse practitioner. 0114 226 8345 or 0114 271 2733

Sometimes anti-cancer therapy can make people feel or be sick. If this stops you from eating or drinking or you are very sick you can become dehydrated. There are lots of different types of anti-sickness medicines. It is important to tell us if you are feeling or being sick after your treatment so we can find the anti-sickness tablets that work for you.



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Key messages



- Intrinsic motivations and values
- Long term process – build in efficient time
- Start planning
- Based on nurtured
- Resources are
- Creativity and skilled / expertise pays off
- Aim for tangible, actionable outputs

“Research impact is the good that researchers can do in the world” (Reed 2018, P15)



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- **Enjoy achieving impact and making a difference**





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Thanks

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- Clare Warnock and team
- Dan Wolstenholme and team
- Joe Langley and Jo Cooke
- Chris Redford



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Any questions?



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