

# Rapid co-production, dissemination and impact

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# Session agenda and objective

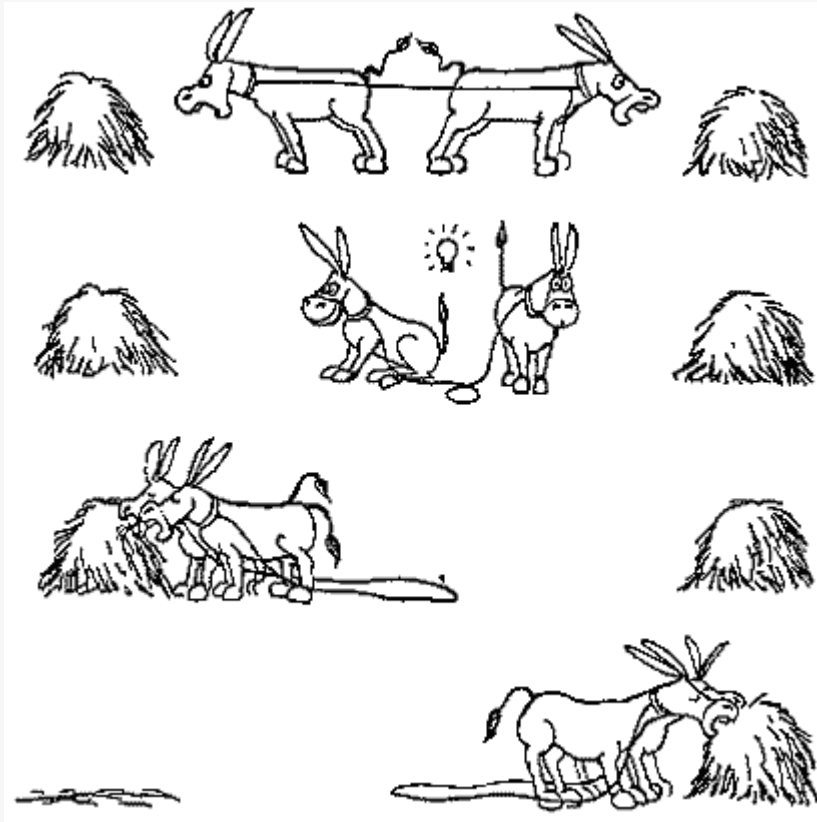
## Agenda:

1. Co-production
2. Two examples
3. Three questions – discussion in groups
4. Our collective wisdom – combining the groups' thoughts

## Objective:

- To share experiences of coproduction, dissemination and impact in rapid evaluation

# Co-production....



- Stakeholder participation in research – includes patients and the public, health and social care staff, policy makers, charities – to ensure impact
- Raises issues re responsibility, accountability and power
- Need to take account of political and institutional contexts – e.g. NHS and academia have different drivers
- All writ large for rapid evaluation

# Example 1: Acute hospitals running GP practices

BRACE evaluation conducted in two stages:

## **Stage 1: January 2019 – September 2020**

Aims:

- Understand rationale/objectives, how implemented, early impact on services/pathways and workforce
- Develop theory of change

Methods:

- Qualitative at 3 case study locations – interviews, meeting observation, document review, local stakeholder workshops

Key messages:

- Vertical integration is a valuable option when GP practices look likely to fail
- But not an option that should be imposed top down
- Vertical integration may be a route to better integration of patient care but is not the only one

# GPs nationalised in Javid plan to reduce hospital admissions

The Times, 29 January 2022

## Stage 2: January 2022 – May 2023

### Aims:

- Understand the extent of vertical integration in England
- Its impact on secondary care activity and patient experience
- Whether any different for people with multiple long-term conditions

### Methods:

- Quantitative: review of Trust annual reports; Hospital Episode Statistics analysis; GP Patient Survey analysis
- Qualitative: Interviews and focus groups with patients and staff

### Key messages:

- 26 Trusts running 85 practices (31 March 2021) – vertically integrated sites are not typical
- Small reductions in hospital emergency activity following vertical integration
- Little impact on patient experience
- No different for people with multiple long-term conditions

# Who are the stakeholders?

- Department of Health and Social Care
- NHS England
- NHS managers and staff locally:
  - Commissioners (Clinical Commissioning Groups / Integrated Care Boards)
  - Primary care providers
  - Secondary care providers
- Patients and the public
- Academic and policy commentator audiences

# Engaging and disseminating, part 1

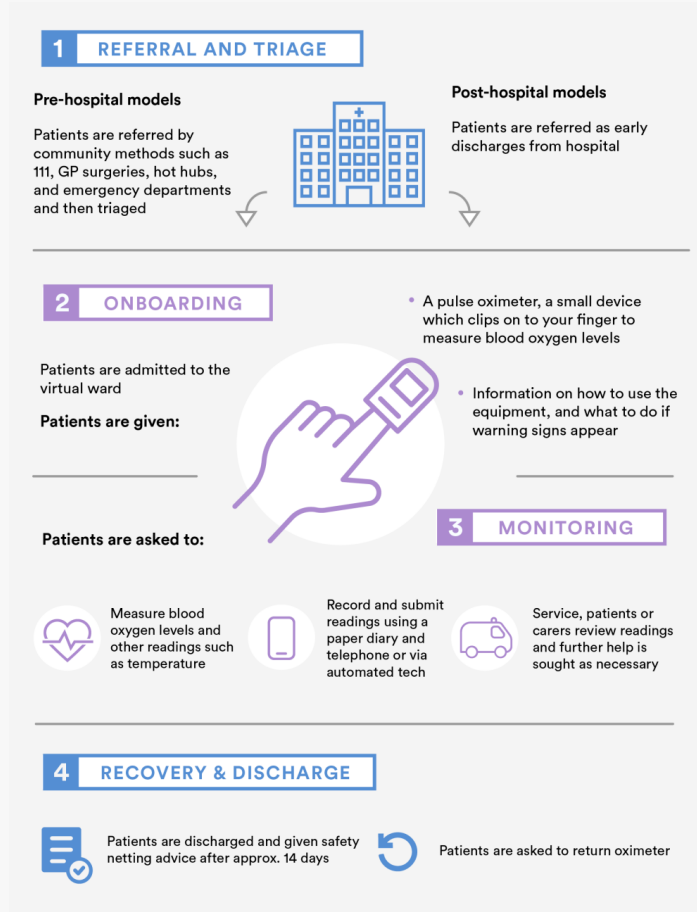
What did	When	With/for
Key informant interviews – telephone and F2F	Jan/Feb 2019	Academics, policy analysts, NHS staff (n=13)
Project design workshop – F2F	March 2019	DHSC, NHS England, independent expert (n=4)
<b>Stage 1:</b>		
Consulted members of PPI panel	Advice on protocol, participant information sheets, report summary	PPI panel
Feedback and challenge workshops (online) at case study sites	August/September 2020	NHS managers and clinicians at case study sites
Online briefing meetings	November 2020/January 2021	Welsh Government Health and Social Services Group; NHS Providers
Online presentations/discussions with policy and research audiences; academic conferences	Various	Researchers, policy analysts
Infographic	December 2020	Practitioners, managers, public
HSJ blog	December 2020	Managers
NIHR Topic Report	December 2020	Researchers
BMJ Open article	January 2022	
NIHR HSDR Journal Report	June 2022	
Responding to press interest	February 2022	Practitioners, managers, public

## Engaging and disseminating, part 2

What did	When	With/for
<b>Stage 2:</b>		
Consulted members of PPI panel	Advice on protocol, participant information sheets, report summary	PPI panel
PPI workshop (online) to design patient interview questions	May 2022	Members of PPI panel
PPI workshop (online) for feedback on findings	November 2022	Members of PPI panel
Feedback and challenge workshops (online) at case study sites	April/May 2023	NHS managers and clinicians at case study sites
Online briefing meetings	Planned	Policy and practitioner audiences
Online presentations/discussions with policy and research audiences; academic conference presentations	Various	Researchers, policy analysts
Infographic	Planned	Practitioners, managers, public
HSJ blog	Planned	Managers
NIHR Topic Report	Forthcoming	Researchers
Journal articles	In progress / forthcoming	

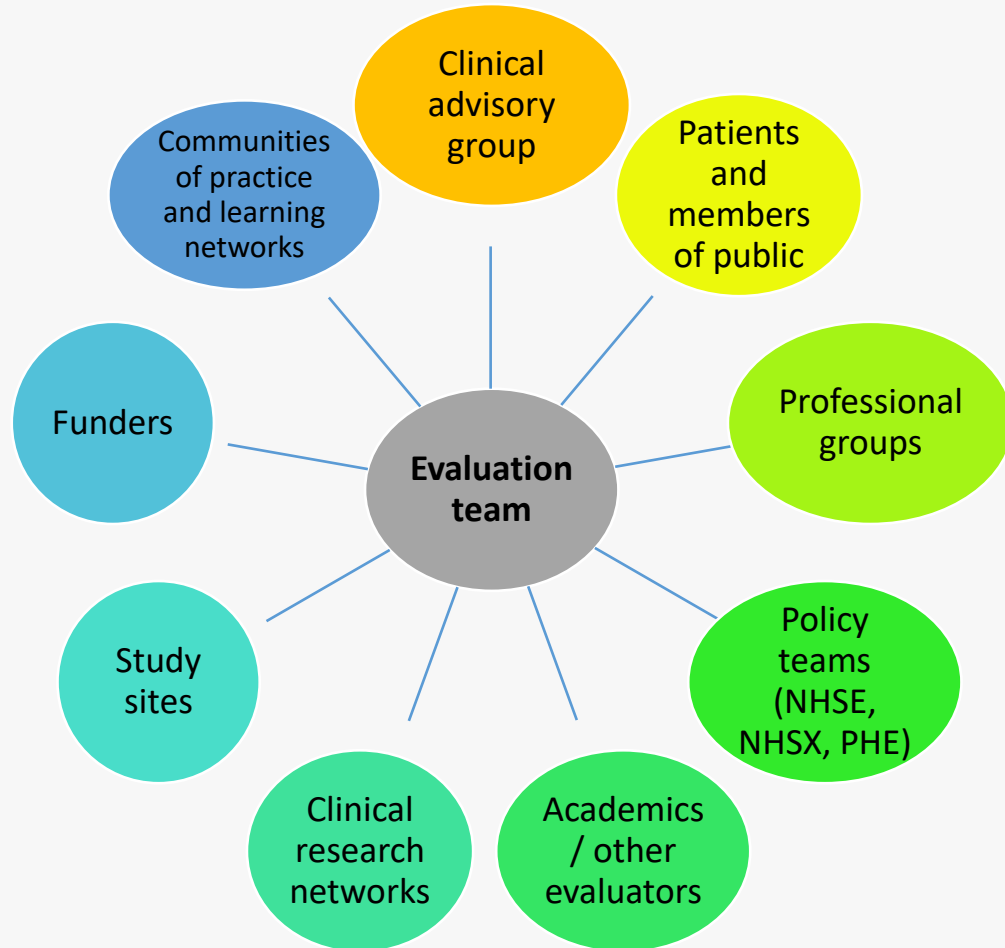


# Example 2: COVID Oximetry at Home/virtual wards



- Remote home monitoring using pulse oximetry for people with covid started in ad hoc way during 1<sup>st</sup> wave pandemic
- Phase 1 (May-Sept 2020): 4 week scoping, systematic review, 2 month empirical study of 1<sup>st</sup> wave services to inform NHSE national roll out
- Phase 2 (Oct 2020-Nov 2021 ): Mixed methods evaluation – effectiveness study, costs and resources analysis, implementation study, patient and staff experience (28 sites/17 case studies)
- High profile, national evaluation

# Who were the stakeholders



- Phase 1: worked with local services through Community of Practice and Clinical Advisory group (Phase 1)
- Phase 2: as above + NHSE, NHSX, PHE, National Learning Network run by AHSNs (Phase 2)
- Needed to build trust quickly....by
  - showing up
  - sharing findings early
- Joint PPIE panel

# Key messages

- Phase 1:
  - Review: services implemented across the world; vary substantially
  - Empirical study: important for implementation - good communication with clinical teams; culturally appropriate information for patients/carers and multiple approaches for patient monitoring (digital and analogue)
- Phase 2:
  - Enrolment lower than expected
  - Did not detect impact on outcomes
  - Patients/carers and staff reported positive experiences
  - Patient/carer engagement conditional on a number of factors
  - Disparities: older patients, patients from ethnic minorities reported more difficulties engaging with service
  - Tech-enabled models helped manage larger no. patients but did not completely replace phone calls

# Approach to dissemination and impact

- Strategic opportunism – requires flexibility, agility
- Phase 1 informed development of national roll out of services  
Autumn/winter 2020-2021
- Phase 2: Analysis workshops with stakeholders
- Developed dissemination approaches jointly e.g. slides sets for NHS locally and nationally
- Presentations in all regions across England alongside National Clinical Director leading the programme

# Approach to dissemination and impact

- Took opportunities to disseminate to wide range of audiences e.g.
- the public – blog in the Conversation on use of pulse oximeters (Nov. 2020)
- Clinicians – BMJ Practice Pointer
- Virtual wards: an explainer – published to coincide with policy developments for national roll out of virtual wards for non-covid conditions
- Challenges of maintaining critical distance and independence of the research.....
- Lessons for rapid evaluation from this study published:  
<https://www.frontiersin.org/articles/10.3389/fsoc.2023.982946/full>

# Some lessons

- Identify, engage and build trust with stakeholders early (evidence users and patients/public)
- Keep engaging with stakeholders through all stages, from scoping to reporting
- Remain flexible; take opportunities when they arise
- Engagement leads not only to better research but also to better dissemination & higher impact
- Requires careful negotiation all the way through to maintain critical distance and the independence of the research
- Extent and intensity of engagement and early dissemination might differ widely between evaluations (much more intense in CO@h than in VI1&2)
- NB. Sometimes impact means not rolling out an intervention

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# Disclaimer

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For more information, please visit:

**NIHR RSET:** <https://www.nuffieldtrust.org.uk/rset-rapid-evaluations-of-new-ways-of-providing-care>

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