



Arden and Greater East Midlands
Commissioning Support Unit

Making LKS business critical

Anne Gray

Housekeeping

Fire alarm

- The hospital does tend to perform fire alarm tests on Tuesday afternoons. The test will be intermittent. An actual alarm will be continuous.
- The fire exit doors are in the TESA room. Please instruct all to meet in the South Car Park.

Toilets

The toilets are on the right once you exit the library.

Refreshments

- All the attendees have been provided the locations on where to get drinks and food.

Welcome

Objectives for the day:

- To upskill LKS staff to provide evidence support for the business needs of their NHS trust/region.
- To generate ideas for collaborative resources to support LKS knowledge services to NHS managers/commissioners

Becoming Business Critical....

HLG conference 2016

} Library and
Knowledge Services


Health Education England




Healthcare library and knowledge services are a powerhouse for education, lifelong learning, research and evidence-based practice.

Our ambition is to extend this role so that healthcare knowledge services become business-critical instruments of informed decisions making and innovation.

Professor Ian Cumming

- Knowledge for Healthcare Development Framework

Outline for the day

- Introductions
- Know your customer – Becoming business critical
 - *What is happening in your patch?* 
- What the research says
- The plurality of evidence
 - *Looking at the evidence* 
- Resources for managers
- Mobilising the evidence - synthesis and packaging
 - *Writing a report* 
- What next?

Know your customer

- **Where do you fit?** - NHS England region, HEE region, STP footprint, AHSN, CCGs, LAs, partners, Cancer network
- **Specialist activity**- surgical/medical, Vanguards
- **Benchmarking** - CQC RAG rating, MyNHS
- **Public view** - awards, media, reconfiguration activity

TheKingsFund

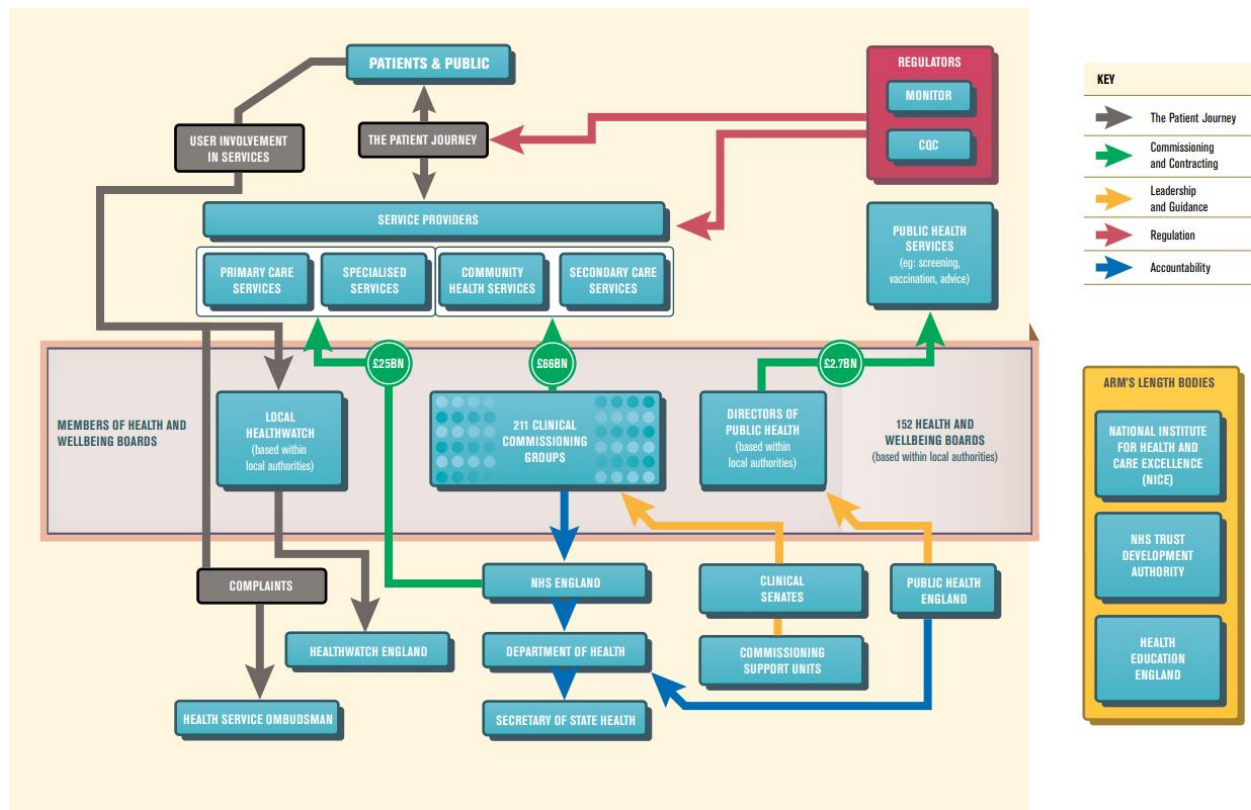
How does the NHS in England work?
An alternative guide

www.kingsfund.org.uk/explain



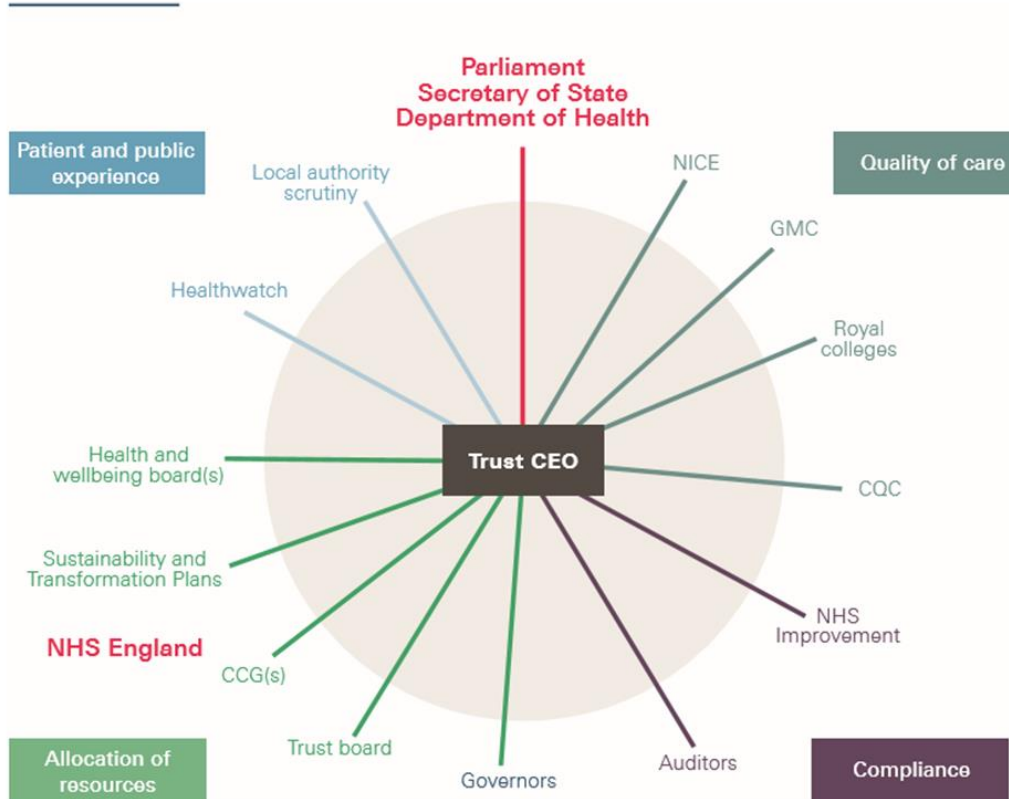
[Kings Fund 2017]

The NHS in 2013



The business of health

Figure 2: A complicated accountability map



What is business critical?



- Works with 28 agencies and public bodies
- NHS England mandate 2018/19
 - Objectives - reducing inequalities; improving quality of care; balance the books; prevention; meet core standards of care; improving out of hospital care; support research, innovation and growth
- NHS Improvement
- Health Education England

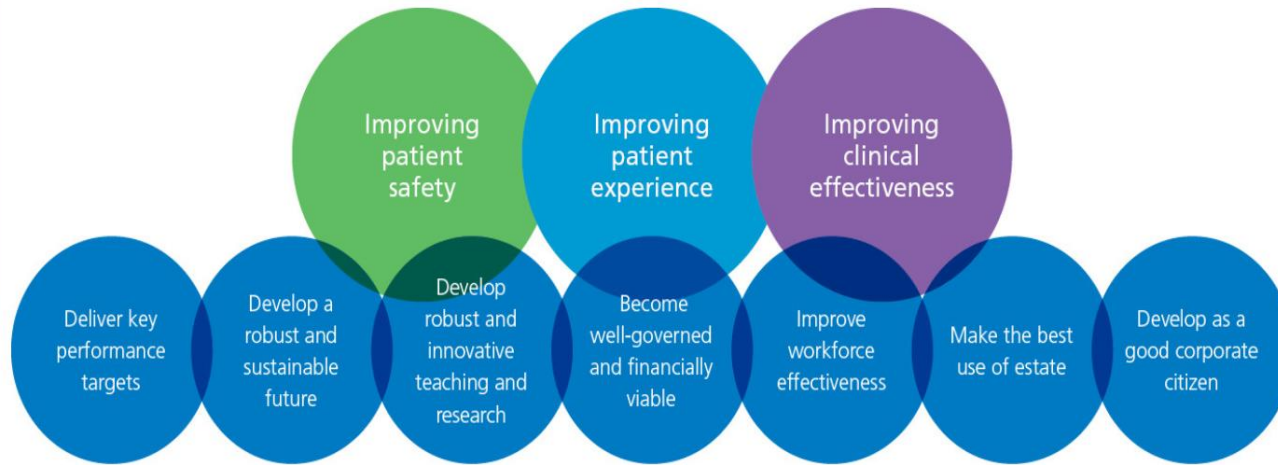
What is business critical?



- LONG TERM PLAN (due November 2018)
- STPs, ACOs, ICSs
- Five year Forward View (and Next steps)
- Seven day NHS
- NHS Safety Thermometer / Friends & Family Test
- NHS Operational Planning and Contracting Guidance 2018-19 (the “must dos”)
- Lead Provider Framework/ Health Systems Support Framework
- Carter review
- Francis Report
-Your trust CQUINs

Business objectives of MK Hospital

Our objectives – what we will deliver



Your work has to support ALL of the objectives of your trust

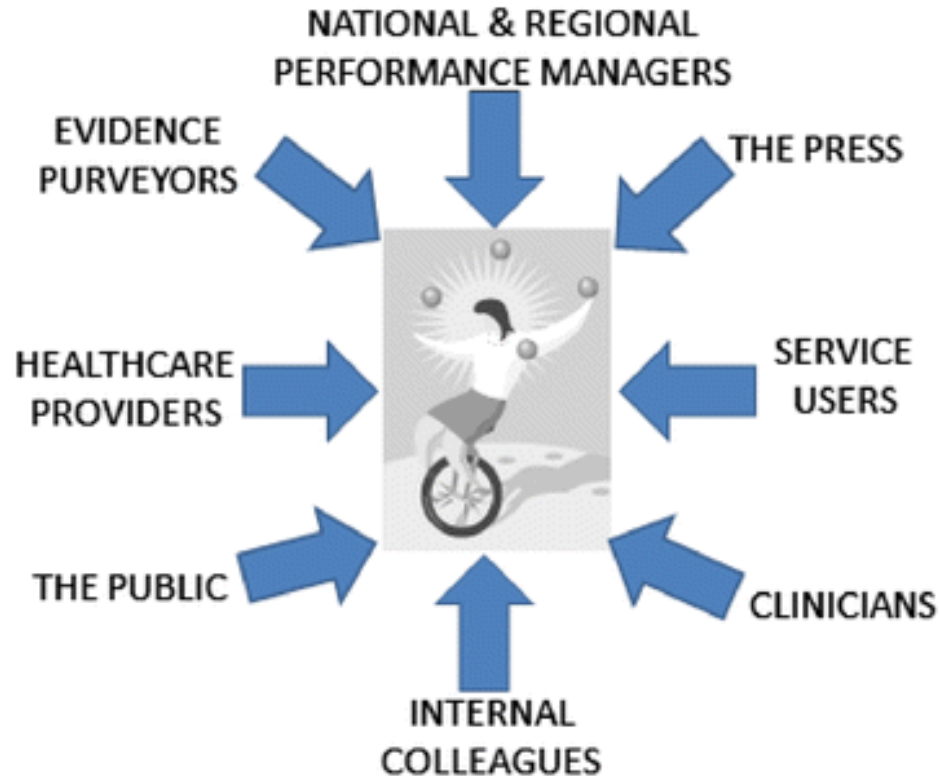
Who is in the Boardroom?

- Chief Executive
- Finance Director
- Director of Nursing & Quality
- Corporate teams
- Service managers
- Transformation leads
- Commissioners
- NEDs
- Clinicians
- Patient & Public representatives

For today these are MANAGERS



Pressure on managers



[Wye 2015]

Know your customer

- What is business critical in your trust?
 - Understand national and local drivers
 - Speak the language
- ➔ Provide a tailored service

Rather than merely searching for relevant articles, Anne reflected on the problem areas, searched for evidence of a range of successful interventions achieved elsewhere and provided a new measurable solutions for the CCG to adopt. This saved me time and added real value and a new angle of approach. CCG Director

What is happening in your area?

- Your local representative

What is happening in your area?

- Practical - Look for local activity
 - HSJ
 - login as annegrays39a@yahoo.co.uk ; PW: October16
 - Find your organisation <https://www.hsj.co.uk/hsj-local>
 - Trust board papers
 - search via google advanced search

Save useful material in a Word file

Using the evidence

- CEOs seek information and use knowledge all the time, for three main purposes:
 - making decisions
 - accounting for decisions already made
 - making sense

[Nicolini 2014]

Managers' evidence questions

- How can we improve this service/pathway?
- What does “good” look like?
- How have others done it?
- Outcomes – intelligence / KPIs
- Can we reduce the cost?
- How do we compare with others - benchmarking
- New models of care
- What is the government saying?
- Keep me up to date

Managers' behaviours

- What they need
- Resources they use
- How they use evidence

Virtually all managers see information use as important [Edwards 2013]

Commissioners appear to be well intentioned but ad hoc users of research [Wilson 2017]

What is evidence?

“any source of information other than personal experience and anecdotes.” [Wye 2015]

best practice guidance, clinicians’ and users’ views of services and innovations from elsewhere. [Wye 2014]

“managers rarely seek formal, research-based information from academic journals or other

sources.” [NIHR Dissemination Centre 2018]

Managers' evidence needs

Global 'evidence'

- Standardised information produced nationally (e.g. secondary and primary care data, benchmarking data)
- Intelligence produced through scientific procedures (e.g. Public Health data, needs assessment)
- Clinical practice standards (e.g. NICE guidelines, research papers)
- "Models of care" and whole care pathways

Local 'evidence'

- Local knowledge and competences
- User needs/ attitudes/lifestyles
- Financial information
- Feedback from knowledgeable colleagues
- Narratives/examples of best practice
- Business case supporting information
- Contracting models

Dissemination Centre

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How commissioners use research evidence

Researchers want their work to be used and useful. Most health and care organisations aim to be using research. Interpreting the right evidence at the right time is helpful. It is useful as possible to those making decisions under pressure.

The NIHR has funded six particular studies in the past five years. Research may also be relevant to service managers and commissioners.

This highlight includes studies into the behaviour of commissioners. It shows how organisations make sense of and use research information. It provides pointers for researchers to make their work more useful.

How commissioners use research evidence
NIHR Dissemination Centre 2018
NIHR has funded six particular studies in the past five years on the use of research evidence by commissioners

<https://www.dc.nihr.ac.uk/highlights/health-commissioners-research-evidence/>

Take home messages

- Managers of all backgrounds find it hard to make sense of and apply evidence in their everyday work
- Managers value examples and experience of others, as well as local information and intelligence and make less use of formal research.
- Senior managers rely on a small conversational circle and trusted colleagues to identify and interpret evidence

contd

Take home messages

- Evidence does not speak for itself - but needs to be mobilised by the right people, at the right time, to affect decisions.
- Having skilled individuals, like public health staff, on the spot to contextualise and interpret evidence helps managers use evidence when making decisions about systems and services
- Timing is key - having good enough evidence at the right time trumps perfect research which arrives too late for decision makers to use

Managers' use of research evidence

- Systematic review found 7 studies
- Found different definitions of research
- 4 contextual factors
 - organizational culture
 - competing priorities
 - time as a resource
 - capacity to locate, appraise or use research evidence
- Studies did not report impact on staff or patient outcomes.

[Tate 2018]

How do managers access evidence?

- interpersonal relationships
- people placement (embedded staff)
- governance (e.g. Department of Health directives)
- ‘copy, adapt and paste’ (e.g. best practice elsewhere)
- data tools (e.g. risk prediction tools)

“far from being evidence-free, commissioners routinely drew on a wide range of sources to inform and support their decisions. However unlike the idealised vision of evidence-based policy-making, little of this evidence was drawn from academic research.”

“Even with facilitators in place, commissioners struggled to apply research findings in their decision-making.”

[Wye 2015a]

How do managers access evidence?

The five most frequently used sources (weekly/daily)

- views/experiences of colleagues
- search engines
- front-line staff
- NHS websites
- email discussion lists and alerts

[Edwards 2013]

CEOs/Execs/Non-Execs:

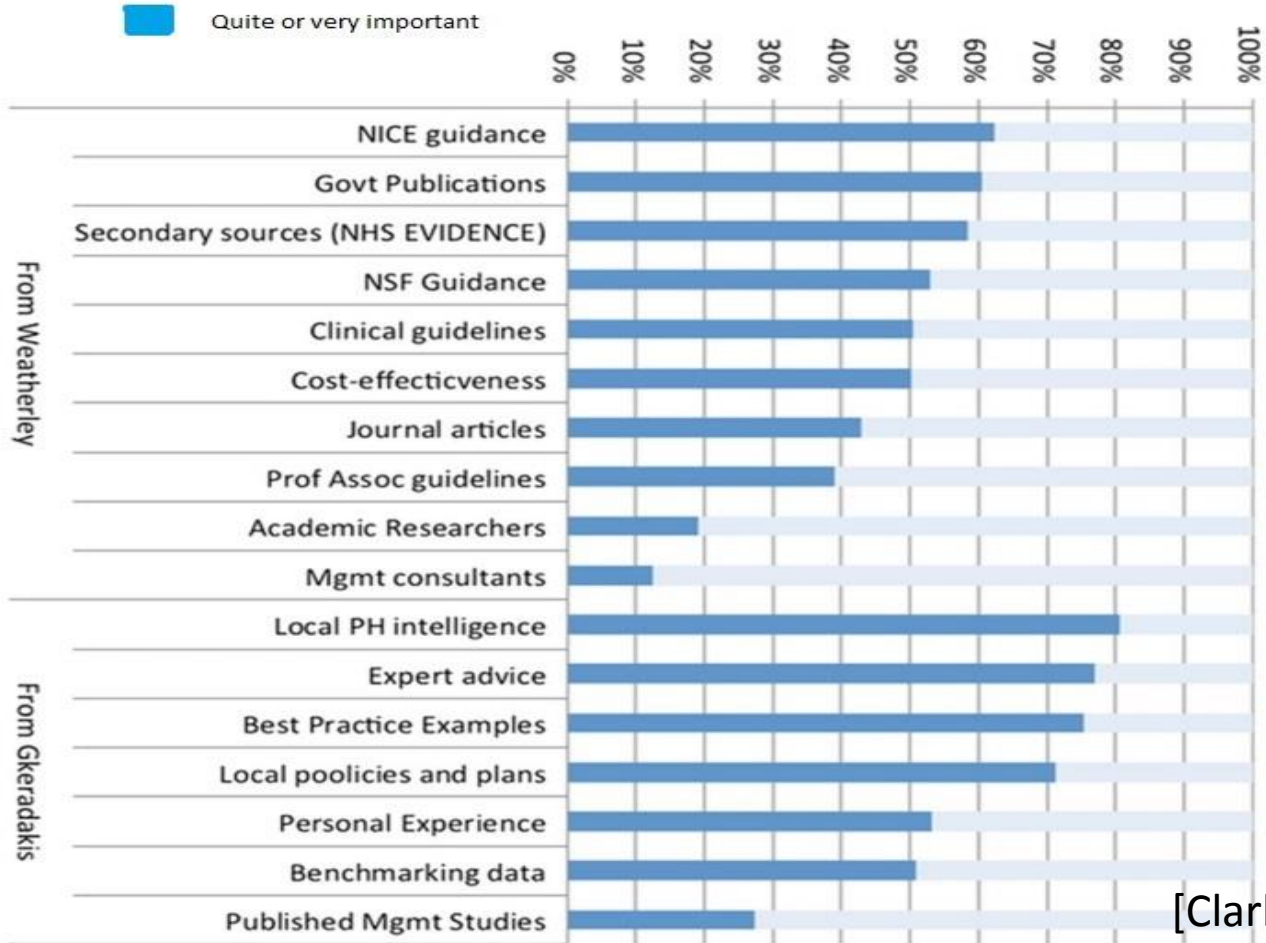
- Meetings with colleagues (90%)
- Internal Management information (82%)
- NHS websites (85%)
- Official National Publications (67%)
- Internal Trust management consultancy/service development/transformation teams (62%)
- Professional journals/magazines/websites (59%) (*HSJ 62%*)
- Academic books/ journals (28%)
- Librarians/Info Specialists (21%)

Transformation/ Change/ Service Development Managers:

- NHS websites (90%)
- Internal Management Information (64%)
- Internal Trust management / consultancy/ service devt / transformation teams (57%)
- Official national publications (50%)
- Academic books/journals (31%)

[Edwards 2013]

Commissioners



[Clarke 2013a]

Searching habits

- Difficult to find commissioning/management evidence either through lack of time, information overload, or not knowing where to find it.
- Commissioners look for themselves or rely on colleagues
- Like email discussion lists & alerts
- NHS sources are constantly changing and confusing (want a “one stop shop”)
- Don’t ask the library unless they have had previous contact



Library staff also found it difficult

Using the evidence

“Evidence is context-dependent – **Local processes** and professional and microsystem considerations played a significant role in adoption and implementation”

“**evidence is not ‘taken up’ in practice**...Rather, it is co-produced...and becomes a prosthetic device that equips managers, and other actors, in their pursuit of decisions and practical ends... evidence becomes meaningful as a tool for knowing in practice.”

“Evidence was **continuously interpreted and (re)constructed** by professional identity, organisational role, team membership, audience and organisational goals.”

[Swann 2012, Kyratsis 2014]

A bumpy ride

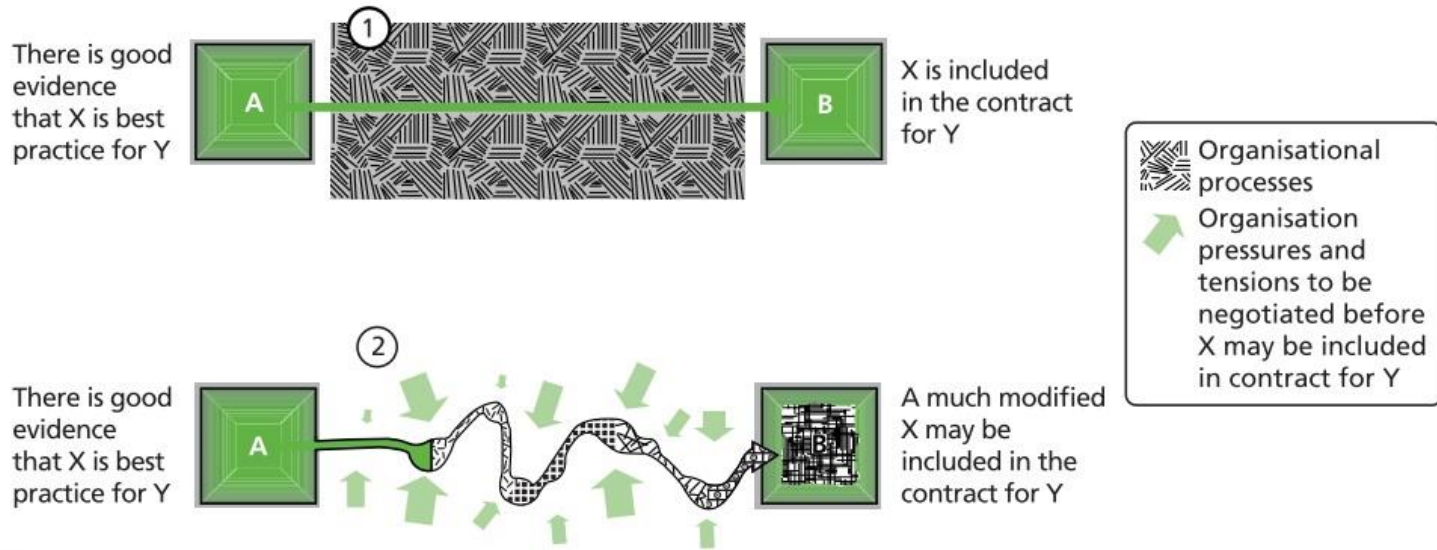


FIGURE 4 Commissioning as satisficing: (1) the naive view and (2) the view suggested by our data.

Evidence briefings

Impact of bespoke evidence briefings to CCG commissioners to support their decision making around service development.

- Requests not directly linked to service needs
- Little traceability of evidence used
- Briefings not always through process
- Briefings not always with attitude to using research
- Briefings take 3 months to produce

“commissioners are not well served by the local knowledge infrastructure”

“somebody needs to be around or ‘in the room’ when ideas first germinate, to spot the potential catalysts to research use and to question what is the evidence for this?”

What have we learnt?

- A different understanding of “evidence” – internal and external
- Managers want high quality “evidence” but there is too much of it, it is difficult to access and takes too long
- What is happening locally is key
- Colleague/team discussions are critical to decision making – “in the room”
- Evidence is reconstructed as part of the decision making process
- Will use local library services with encouragement

Librarians and knowledge managers as knowledge mobilizers

- “very heavy use of services by some managers who had established close working relationships with their librarians. However, libraries are often seen primarily as repositories of clinical or research based information.”
- “Being set apart from the organisation (physically or in terms of involvement in organisational processes) may impede [librarians’] ability to be more proactive in the services they offer to managers.”
- “generic technical search skills, while useful, do not guide users to management sources or assist them in critically evaluating the usefulness of the information found”

[Edwards 2013]

- Information professionals localise and tailor research evidence in public health decision making

[van der Graaf 2018]

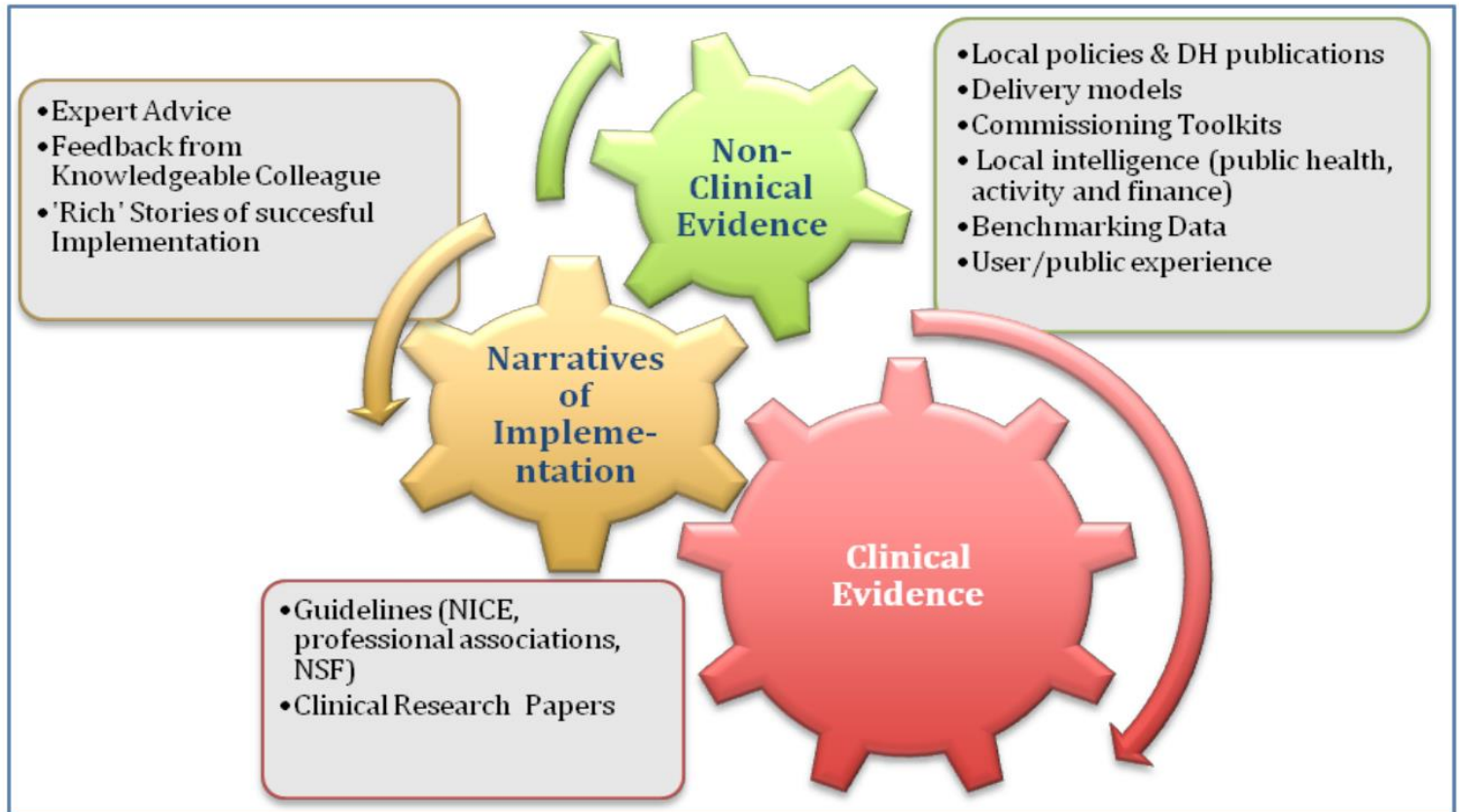
Implications for LKS offers

- Relationship with clients
- Different type of evidence
- Targeted, tailored services
- Speed of response
- New synthesis and presentation styles to meet business needs



Any
questions?

A “plurality” of sources



Sourcing the evidence



Public Health
England



Health Serv Deliv Res



nuffieldtrust

My NHS

Data for better services



social care
institute for excellence



The ROYAL COLLEGE of
OPHTHALMOLOGISTS



NHS
Scarborough and Ryedale
Clinical Commissioning Group



Knowledge@lerts Sept-Oct 2016

- 42 NHS England / NHS Improvement /DH /PHE / NHS Digital
- 26 “Expert” groups (Kings Fund, Nuffield Trust, Health Foundation, University of York, LGA)
- 14 Clinical peer groups (Royal Colleges, Diabetes UK, ASHNs)
- 11 Implementation stories (CCG board papers, magazines)
- 10 Academic research (journals, EPPI, NIHR)
- 10 Intelligence/benchmarking
- 8 Guidelines/standards (NICE,CQC,NHS I, HQIP)
- 3 Patient groups

[8 weekly bulletins]

Health Management Bulletin Oct-Nov 2016

- 46 Intelligence / benchmarking bulletins
 - 42 “Expert” groups (Kings Fund, Nuffield Trust, Health Foundation, University of York, LGA)
 - 28 NHS England / NHS I /DH /PHE/ NHS Digital /
 - 25 Clinical peer groups (Royal Colleges, Diabetes UK, ASHNs)
 - 13 Guidelines/standards (NICE, CQC, NHS I, HQIP)
 - 6 Academic research (journals, EPPI, NIHR)
 - 6 Patient groups
 - 3 Implementation stories (CCG board papers, magazines)
- [3 biweekly bulletins]

<http://cash.libraryservices.nhs.uk/cash-service/health-functions-and-management/overview/>

Pulling together the research

- NHS Evidence www.evidence.nhs.uk
 - “commissioning & management” filter
- Kings Fund <https://www.kingsfund.org.uk>
 - Library database and enquiry service
- Health Systems Evidence (McMaster University, Canada) <https://www.healthsystemevidence.org/>
 - Filters include health system arrangements, health sector and technology.

Look at the resources



Workshop wiki

<http://annegraylksworkshop.pbworks.com>

Use some of the resources on the Useful Links page to answer your question.

Try the Tools on the Key Research & Tools page.

Some useful tools

Tell your managers/commissioners about DECIDE guidance

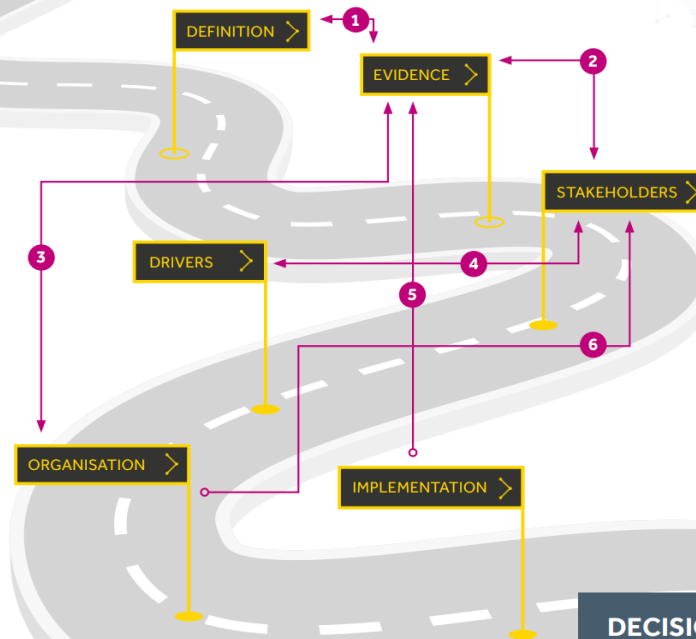


INNOVATION

STUDY INFORMATION

QUESTIONS TO REFLECT ON WHEN
CONSIDERING INTRODUCING AN
INNOVATION IN HEALTHCARE

- 1 Gathering evidence can help to define the innovation, while defining the innovation clearly can point to the evaluative evidence needed.
- 2 Considering evidence required will inform which stakeholders to involve, while involving stakeholders will inform the types of evidence needed.
- 3 Use organisational structures to gather evidence and clarify evidence needed to inform decision-making.
- 4 Understanding drivers will inform the stakeholders to involve in decision-making, while involving stakeholders can help to identify the drivers.
- 5 Gather evidence on implementation to anticipate likely barriers and enablers at an early stage.
- 6 Use organisational structures to involve stakeholders



<http://www.research.mbs.ac.uk/hsrc/decide/guidance>

Tell your manage/commissioner about
EvidenceWorks

Avon Primary Care Research Collaborative

- toolkit to support commissioning across the West of England
- “For those new to finding and using evidence or needing a refresher, the toolkit offers a useful starting point, to help find and access the most relevant evidence and signpost you to more information and specialist help, should you need it.”

<http://www.nhsevidencetoolkit.net/>

Tell your managers/commissioners about

Evidence Use in Healthcare Commissioning

Warwick Business School

- overview of the work of CCGs
- self-assessment tool - helping commissioners understand and plan evidence use

<http://www2.warwick.ac.uk/fac/soc/wbs/research/ikon/commissioning/>

Mobilising the evidence

I like reports, presentations and easy read data.

I get frustrated ...

...if there is no exec summary/findings up front.

...if the report is not really getting to the point quickly.

It can lay the findings behind this, but tell me quickly what's the purpose, outcomes.

CCG commissioner

Presenting the evidence

A few pointers



Structured report



Full analysis and synopsis of results

What to think about

Bullet points → Summary → Sources

- Don't lose the locality detail
- Document where you looked
- Don't go beyond your competence
- Ensure people can link to the original evidence *easily*
- Client deadline
- How long did it take? – tell the client

Practical exercise

- Look at the examples available - both published and from other LKS
 - Consider what you think is useful/ not so useful about each
- Reformat your earlier work

Supporting LKS going forward

- Networking
- Buddying
- Handbook of useful resources
- Alerting services
- Sharing searches
 - What else?

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