NIHR | Applied Research Collaboration Oxford and Thames Valley

Implementation Strategy

2021-2024

Contents

Introduction

Context

The National Institute for Health Research (NIHR) Applied Research Collaboration Oxford and Thames Valley (ARC OxTV) is one of 15 ARCs across England. The ARCs are mapped to the 15 Academic Health Science Networks (AHSNs). This was an intentional decision by the NIHR when commissioning the ARCs, which support applied health and care research that responds to and meets the needs of local populations.

The AHSNs have expertise in the successful implementation, adoption and spread of evidence-based innovations into health and care systems. The close working between both the ARCs and AHSNs, along with other partner organisations, should result in more research outputs having a sustained impact within local health and care systems, improving patient outcomes and experience.

It takes on average 17 years to get research to the stage of adoption, longer for pathway/system change to take effect and only 30-40% results in a demonstrable patient benefit [1]. Therefore, a pragmatic and cohesive approach is needed for the successful and sustained adoption of and spread of research outputs from the ARC. Implementation is not a linear process, the findings and outputs from research will need to be implemented into a system. There are many interactions occurring within this system – social, cultural, professional and organisational. Therefore, it is important for research teams to work with those who have experience of navigating the heath and care systems, within both the Oxford and Thames valley region but also more broadly across the South East region. This will include working with colleagues in Kent, Surrey & Sussex and Wessex (both the ARCs and AHSNs). A co-ordinated approach will be required nationally between the ARCs and the AHSN Network, with development of models of working which enable implementation of research outputs which fit to national programmes.

The overall strategy for the ARC OxTV (see appendix 1), includes a number of objectives, some of which link to implementation. We have worked from these to develop four pledges which are explained in more detail throughout this strategy.

Methodology

This strategy has been developed jointly between the ARC OxTV and the Oxford AHSN, in consultation with the key partners and stakeholders we are working with in relation to adoption and implementation of the applied research outputs from the ARC OxTV.

The strategy builds on the proposed implementation strategy included within the ARC OxTV bid to NIHR. The initial commitments relating to implementation have been reviewed and referenced within this document, linking them to the four pledges we have developed.

There are no national guidelines or exemplar ‘best practice’ documents in relation to implementation; the spectrum is very broad covering the academic area of implementation science to the actual implementation of research outputs. The next section provides our definition of implementation and explains some other key words in this area. The strategy was developed using the collective knowledge and experience of the ARC OxTV and the Oxford AHSN, review of relevant ARC OxTV, Oxford AHSN and national documents and consideration of how the Implementation strategy fits within the overall strategic direction of the ARC OxTV.

1. Morris, Z.S., Wooding, S. and Grant, J., 2011. The answer is 17 years, what is the question: understanding time lags in translational research. *Journal of the Royal Society of Medicine*, *104*(12), pp.510-520.

Our Definition of Implementation

By '**Implementation'** we mean
'efforts designed to get evidence-based programmes or practices of known dimensions into use via effective change strategies'
Damschroder, L.J. and Hagedorn, H.J., 2011. A guiding framework and approach for implementation research in substance use disorders treatment. *Psychology of addictive behaviors*, *25*(2), p.194.

By **'Implementation Science'** we mean
'the scientific study of methods to promote the systematic uptake of clinical research findings and other evidence-based practices into routine practice, and, hence, to improve the quality and effectiveness of health services… It includes the study of influences on healthcare professionals and organisational behaviour.'
Eccles, M.P. and Mittman, B.S., 2006. Welcome to implementation science. *Implementation science*, *1*(1), pp.1-3.

By **'Communities of practice'** we mean
'a group of people who share a concern, a set of problems, or a passion about a particular topic, and who deepen their understanding and knowledge of this area by interacting on an ongoing basis'
Wenger, E., McDermott, R.A. and Snyder, W., 2002. *Cultivating communities of practice: A guide to managing knowledge*. Harvard business press.

Our Vision & Our Mission

The overall vision for the ARC OxTV is:
Improving people's health, wellbeing and care, by working together with all involved.

Our mission for Implementation to support the delivery of the ARC OxTV vision is:
To prioritise research outputs, which the population of our region can benefit from as rapidly as possible.

Our Pledges

We have developed four pledges to support the delivery of our mission. These are listed below, with more detail provided in the next section of the strategy. We will develop an action plan to track progress against each of the four pledges.

Pledge 1
Implementation of research outputs locally, regionally and nationally

Pledge 2
Evaluation of implementation of research outputs

Pledge 3
Capacity development

Pledge 4
Establish a joint approach to real world evaluation

Structure

Pledge 1: Implementation of research outputs locally, regionally and nationally

What this means:

- One of the main aims of the ARCs is the successful implementation of research outputs which are responsive to and reflect the local and regional priorities within the health and care system.

How we will make this happen:

- We will use the Oxford ASHN framework to assess the adoption readiness of research outputs (see appendix 3). This will feed into the governance for implementation as explained later in this strategy.
- Project teams will be supported by use of the Oxford AHSN 10 step adoption process (see appendix 4).
- Working with partners such as industry and colleagues at Oxford University Innovation to ensure products are ready for wider adoption and spread.
- Including the Working Together group in the development of implementation plans to benefit from their connections and expertise on patient and public involvement.
- Once projects are ready for implementation, the Oxford AHSN (or other relevant partners) will lead on the implementation, spread and adoption. Where relevant, some projects will also be considered for regional and national spread. There are already structures in place to support this across the South East region.
- We will continue to engage with local and regional stakeholders, throughout the duration of the ARC. This will enable us to capture any strategic/ system changes, considering the impact of these on the research outputs from the ARC.
- We identified a number of commitments relating to implementation of research outputs as part of the original ARC OxTV bid. We will track the achievement of these over the lifetime of the ARC. These may need to be updated or amended to reflect the changing landscape of the health and care system. The commitments are:

Number of research outputs spread with ARC region beyond research evaluation sites (target three) and proportion of eligible population receiving or offered the research output (aim > 30% eligible population) across ARC region
Number of research outputs taken up in three or more AHSN regions (target four)
Number of research outputs adopted as NHSE commissioned AHSN national Programmes (target two)
Number of research outputs adopted as AAC/NHSX programmes (target one)
Number of research outputs achieving commercial investment for uptake (target three)
Number of research outputs taken up into NICE and other national guidance (ongoing monitoring for duration of the ARC)

Pledge 2: Evaluation of implementation of research outputs

What this means:

- It is important to evaluate how easy it was to implement research outputs and innovations into routine, ongoing care as a matter of course. This can be achieved through the academic field of implementation science. There are many different implementation frameworks and theories which can be used to support this.

How we will make this happen:

- Allocate bursary funding to support a three- four evaluations, to be used towards the end of the current ARC funding cycle, once research outputs have been implemented.
- Develop an approach which means these evaluations can be joint with the AHSN or other partners used to support implementation.
- Close working with Professor Trish Greenhalgh and the Interdisciplinary Research in Health Sciences (IRIHS) team, who are experts within this field.

Pledge 3: Capacity & capability development

What this means:

- We will provide opportunities to support staff to develop knowledge, experience and confidence in implementation science and implementation practice, along with the skills needed to complete effective real world evaluations.

How we will make this happen:

- Develop a training programme for ARC OxTV and the Oxford AHSN staff. With a view to running some joint training sessions across the South East region, working with colleagues in Kent, Surrey & Sussex and Wessex. This will also act as a means to stimulate collaboration across the region.
- Each organisation will provide training which supports capacity development of colleagues in the partner organisation (so ARC to AHSN and visa versa)
- Identify national and international conferences, courses and events relating to implementation (all areas) and communicate these opportunities to staff across the ARC and AHSN.
- Utilise opportunities which arise through the National ARC Implementation Operational Leads Network for mentorship etc.

Pledge 4: Establish a joint approach to real world evaluation

What this means:

- There is an increasing recognition of the importance of rigorous and robust real world evaluations of service transformations, to understand the benefits as well as the harms. This information can then be used to inform future commissioning decisions across the health and care system.
- We are well placed to support such evaluations across the ARC and AHSN, utilising the expertise within all themes but predominantly Theme 6 (Novel methods to aid and evaluate implementation) and the AHSN expertise on implementation, spread and adoption.

How we will make this happen:

- Capacity and capability development as identified above.
- Horizon scanning and information sharing on potential opportunities for joint real world evaluation.
- Development of screening process within the ARC to filter and scope out requests which are received. We can offer greatest value to those which fit to ARC themes. Some projects may require advice rather than active input, this could be offered in the form of a 'surgery' type session.
- Clarify across organisations what resource and funding is available and to consider how this may need to change going forward, to reflect the changing landscape in the area of real world evaluations [2].

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2. https://www.ahsnnetwork.com/wp-content/uploads/2021/02/Rapid_Evaluation_of_Health_and_Care_Services_FINAL.pdf

Governance

To ensure the delivery of the Implementation Strategy the following reporting structure is in place (also see appendix 2)

Quarterly Implementation assurance reports for ARC Executive meeting, ARC Strategy Board & AHSN quarterly report to NHSEI

ARC Implementation Oversight Group to monitor progress with implementation of research outputs and progress against ARC implementation objectives

Six monthly joint meetings between ARC (Theme Leads and Deputies) & AHSN to discuss adoption readiness of research outputs

Project level support provided by ARC Implementation Manager

The strategy will be reviewed on an annual basis by the ARC Strategy Board and any updates made as required.

Patient and Public Involvement in Implementation

Public and patient expertise is a fundamental part of successfully implementing healthcare research into practice and PPI continues on from ARC OxTV research to implementation at the Oxford AHSN through the partnership of the Working Together group. Working Together is convened and chaired by the Oxford AHSN and includes the ARC OxTV as well as other organisations across the Thames Valley with a shared interest for PPI in research, health service delivery and healthcare practice.

This partnership will be of real benefit to ensure patient and public involvement in implementation and we can benefit from the Working Together group being hosted by the Oxford AHSN, who are also leading on the implementation of the research outputs from the ARC.

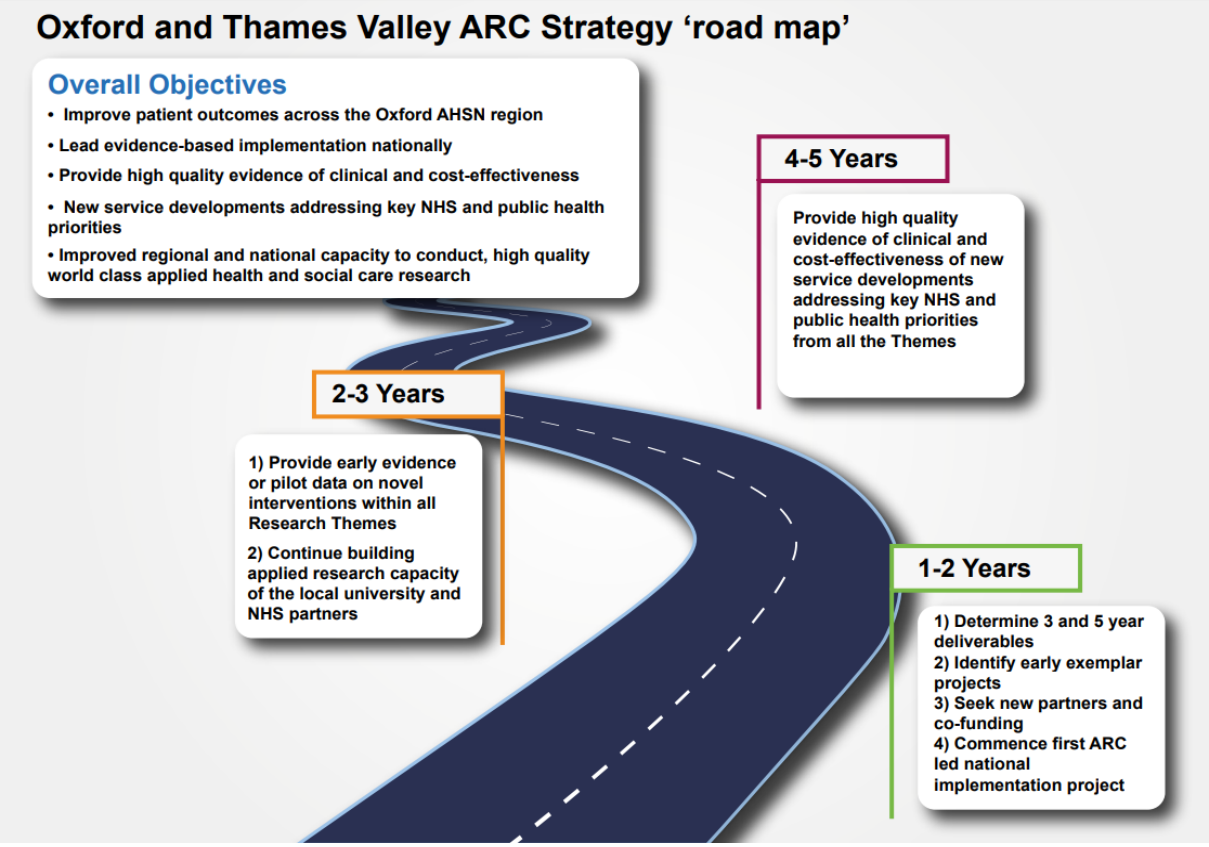
Communications and Engagement

ARC communications will be critical to support the dissemination of key research outcomes and findings. This will be through a variety of approaches including via our web presence, stakeholder networks (both those within the ARC Core team and also within the six themes) and NIHR Centre for Engagement and Dissemination. As well as dissemination, direct support will also be available as part of the implementation process, through the development of supporting documentation and copywriting for example.

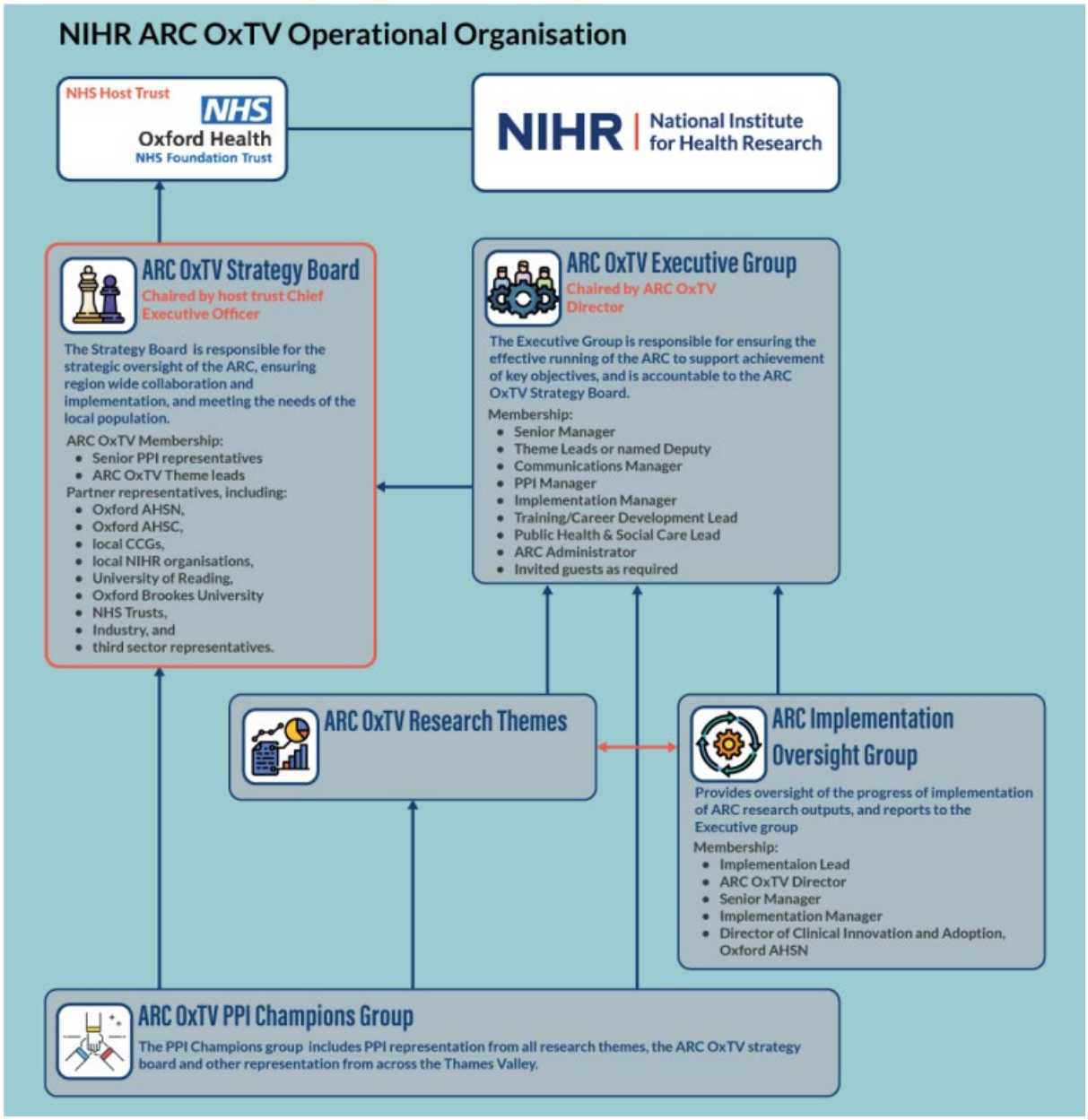
We will work jointly with the Oxford AHSN Communications team to develop an approach which 'tells a story' from initial research concept through to implementation within the health and care system and the impact of this innovation. Consideration will be given to what is being implemented and in what setting to decide on the most appropriate method for communication and engagement, to maximise the opportunities for reach beyond just the ARC OxTV region. This includes consideration around national interest, where research outcomes link to the national programmes of work within the health and care system.

Appendices

Appendix 1: ARC OxTV Strategy and Strategy 'road map'



Appendix 2: ARC OxTV Governance structure

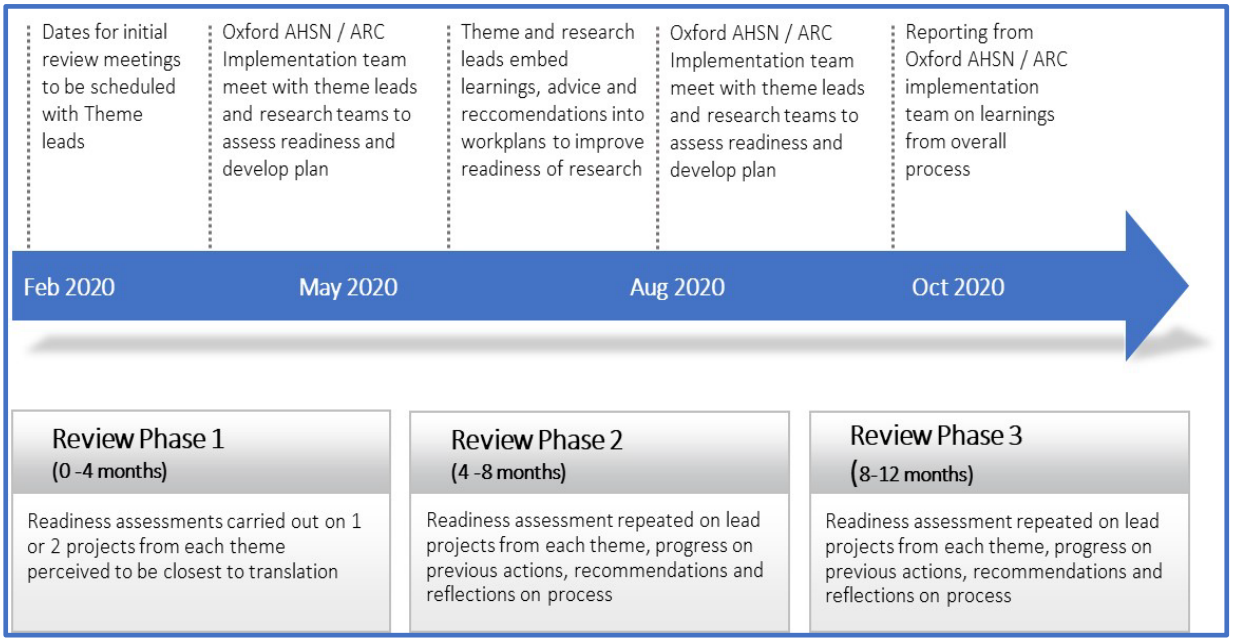


Appendix 3: Oxford AHSN Adoption readiness questions

Assessing adoption readiness of ARC projects

Context

The NIHRs current ARC contract has specific expectations for more research to successfully provide outputs that are implemented in the NHS and Social Care Systems. The Themes that the Oxford ARC have chosen will offer projects of value to the NHS and Social care systems and although some themes will have limited offerings at the outset, they will still need to have an embryonic plan that is reviewed regularly. To facilitate this, the AHSNs bring experience and insight into challenges/barriers to implementation that could be potentially avoided if considered and built in early in the research design. To achieve this, the following process is suggested:



Phase 1 – questions

- Which of your research projects clearly aims to answer a question concerning implementation of the research output?

SUMMARY – brief description of the innovation (purpose, objectives, patient population affected) **What need does this innovation meet?** (e.g. poor health outcomes, poor patient experience, high cost service, significant variations in practice, patient safety)	
Type of Innovation (tick one) ☐ Device ☐ Digital app, IT platform ☐ Pathway redesign ☐ Process redesign ☐ Workforce model	**Type of Clinical/Social Care Setting (tick)** ☐ Primary Care ☐ Secondary Care ☐ Mental Health ☐ Social care

☐ Patient Safety ☐ Other (please specify)	☐ Other (please specify)

Phase 1 (cont.)

- Does the research clearly identify the primary audiences for the research and how they could/should/would use the research?
- Is there a clear description of what might be implemented (for example, details of the practice, programme, or policy)?
    - Is the context and sample population description in sufficient detail and what is its relevance to the health, social and public health settings?
- Does/Should the research involve an implementation plan? If so, is it described and examined in its fullness? If not, why not?
- How does the research appropriately consider implementation outcome variables (table 1 below)?
- How does the research appropriately consider context and other factors that influence implementation?
- How does the research appropriately consider future changes and the level of complexity of the health and social care system, including unintended consequences?
- What are the relevant considerations for the workforce?

What considerations have been made around sustainability of implementation?

Phase 2 & 3

As the research progresses, consider for implementation the following:

- Has the evidence evolved to demonstrate that this innovation will be effective in a real world healthcare setting?
    a. (e.g. has there been published data, such as from RCT? Has there been a robust and independent service evaluation? If so, what was the sample size? What impacts were measured, etc.?)
- As the research progresses have you thought about the Methodology that could be used for driving adoption and spread the outputs of your research (e.g. Hub and spoke, across the PCNs, across AHSNs?)
- Metrics / impact measures
    - From your research to date, what measures could specify impact in routine care?)
    - Can these metrics be routinely collected? If so, what's the data source? How straightforward will it be for organisations / AHSNs to obtain this?

Health economic / Financial analysis

What health economic could be used to aid implementation such as the development of NHS or local authority business plans.

What analysis has been carried out to date? Are there demonstrable economic or financial benefits of the innovation? Could modelling be carried out with standard reference costs (e.g. average bed day, etc.) in order to project financial/economic benefits?

What would be the potential quantified impact if the initiative were adopted nationally?

To include patient population affected, and anticipated scale of impact – i.e. realistic implementation trajectories, given knowledge about barriers and challenges to implementation

Resource requirements

In terms of clinical and Project Management support, who would you recommend to be involved on the ground with delivery.

Procurement & commissioning mechanism

Do you envisage that this innovation would be procured via acute trusts? Is it a service improvement which would be commissioned by a CCG? What barriers might an organisation encounter, how could the network mitigate this?

What alternative products / innovations are available and/or implemented which meet the same / or similar need?

Where relevant, has an assessment been undertaken of the competitive landscape, where there is a similar innovation / product please outline why this one is different.

Impact on Patients, Carers

How have patients been engaged in the design or development of the innovation? Please describe the level of involvement and any evidence. What role could patients/public play in implementation?

Factors that Researchers may consider at the start, during and at the end of the research

TABLE 1: Implementation Outcome Variables		
Implementation Outcome	**Working Definition**	**Related terms**
Acceptability	The perception among stakeholders (e.g. consumers, providers, managers, policy makers) that an intervention is agreeable	Factors related to acceptability (e.g. comfort, relative advantage, credibility)
Adoption	The intention, initial decision, or action to try to employ a new intervention	Uptake, utilisation, intention to try
Appropriateness	The perceived fit or relevance of the intervention in a particular setting or for a particular target audiend (for example, provider or consumer) or problem	Relevance, perceived fit, compatibility. Perceived usefulness or suitability
Feasibility	The extent to which an intervention can be carried out in a particular setting or organisaton	Practicality, acual fit, utility, trialability
Fidelity	The degree to which an intervention was implemented as it was designed in an original protocol, plan or policy	Adherence, delivery as intended, integrity, quality of programme delivery, intensity or dosage of delivery
Implementation Cost	The incremental cost of the implementation strategy (e.g. how the services are delivered in a particular setting). The total cost of implementation would also include the cost of the intervention itself	marginal cost, total cost
Coverage	The degree to which the population that is eligible to benefit from an intervention actually receives it.	Reach, access, service spread or effective coverage (focusing on those who need an intervention and its delivery at sufficient quality, thus combining coverage and fidelity), penetration (focusing on the degree to which an intervention is integrated in a service setting).
Sustainability	The extent to which an intervention is maintained or instiutionalised in a given setting	Maintenance, continuation, durability, institutionalisation, rountinisation, integration, incorporation

Appendix 4: Oxford AHSN 10 step innovation adoption process