

# Researcher, practitioner & patient partnerships to improve care: the CLAHRCs

Richard Baker  
7<sup>th</sup> November 2012



# 9 CLAHCs in England



- Leicestershire, Northamptonshire & Rutland (LNR)

Cambridge  
Birmingham  
Leeds  
Manchester  
North West London  
Nottingham  
Peninsula  
Sheffield





# CLAHRCs

**Call 2007 in  
response to  
Tooke's report**

- Each to receive up to £10 million over five years from NIHR, conditional on matched funding from local partners
- To fund both research and work to translate research into practice

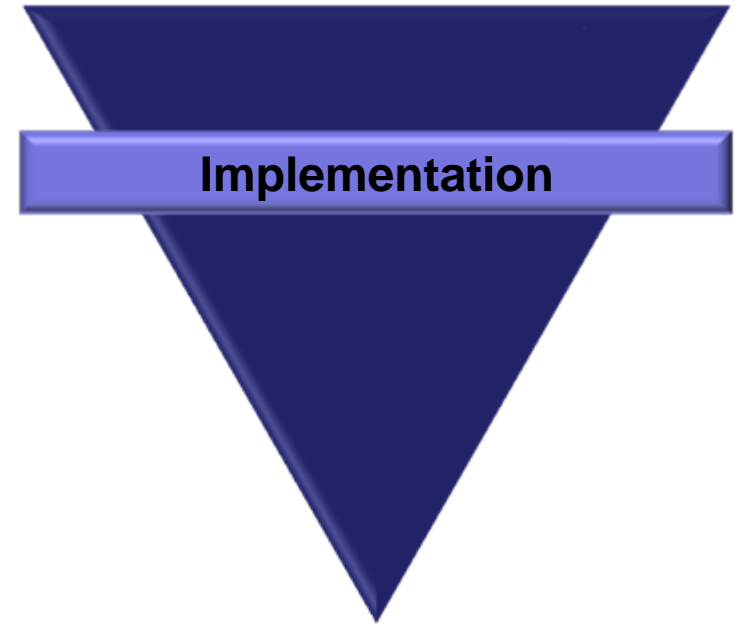
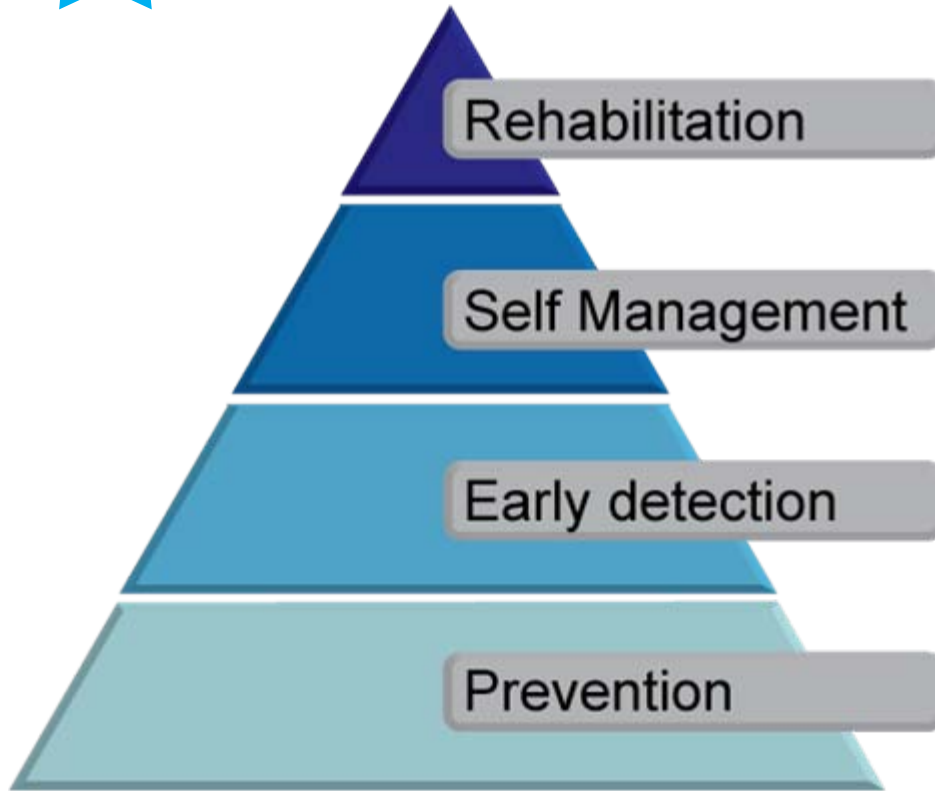
**Nine CLAHRCs  
ultimately  
funded**

- National Institute for Health Research (NIHR) Collaboration for Leadership in applied Health Research and Care (CLAHRC) for Leicestershire, Northamptonshire and Rutland (LNR)



**NIHR**CLAHRC  
Leicestershire, Northamptonshire and Rutland (LNR)

**NHS**  
National Institute for  
Health Research

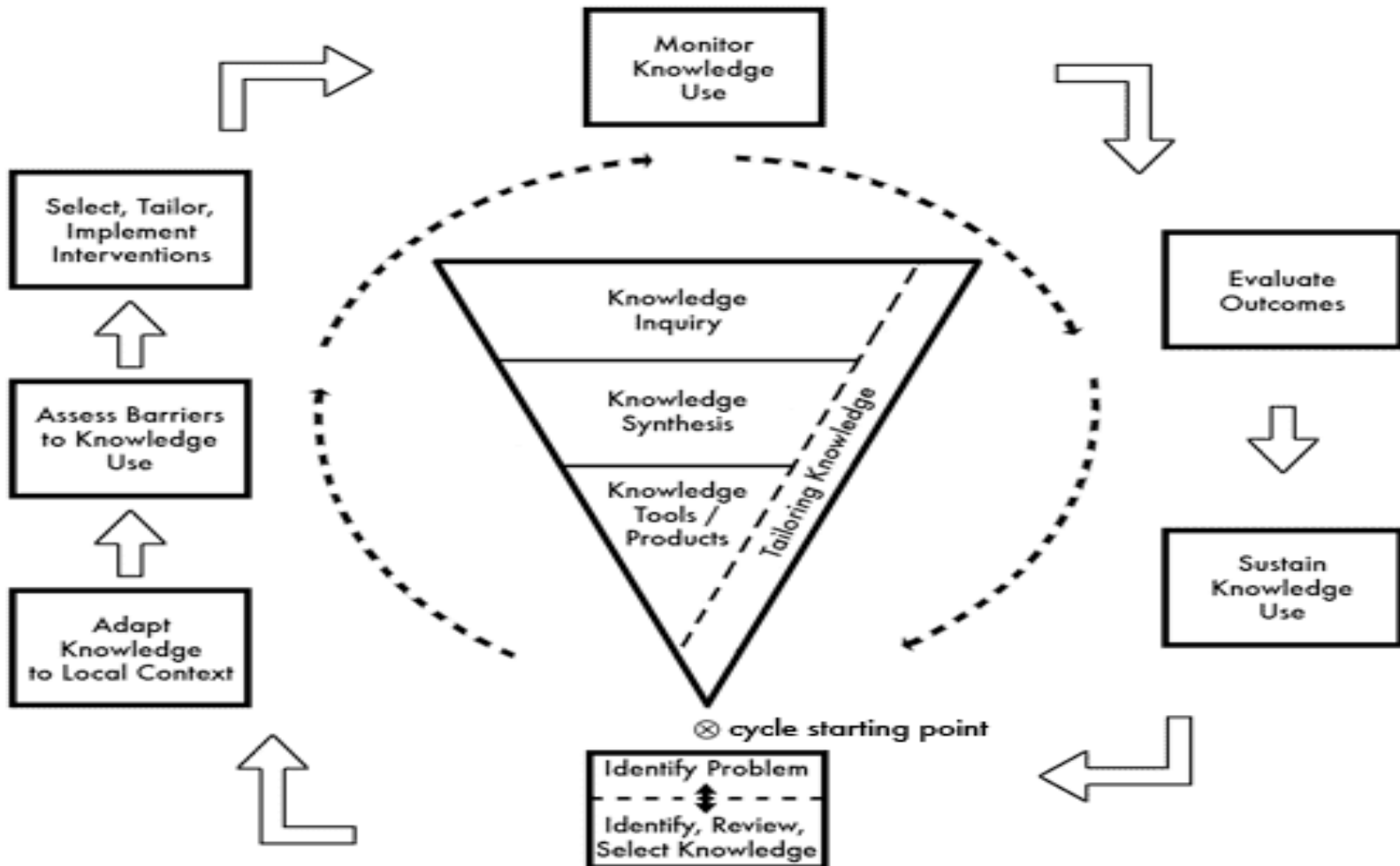


**Translation into improved health**



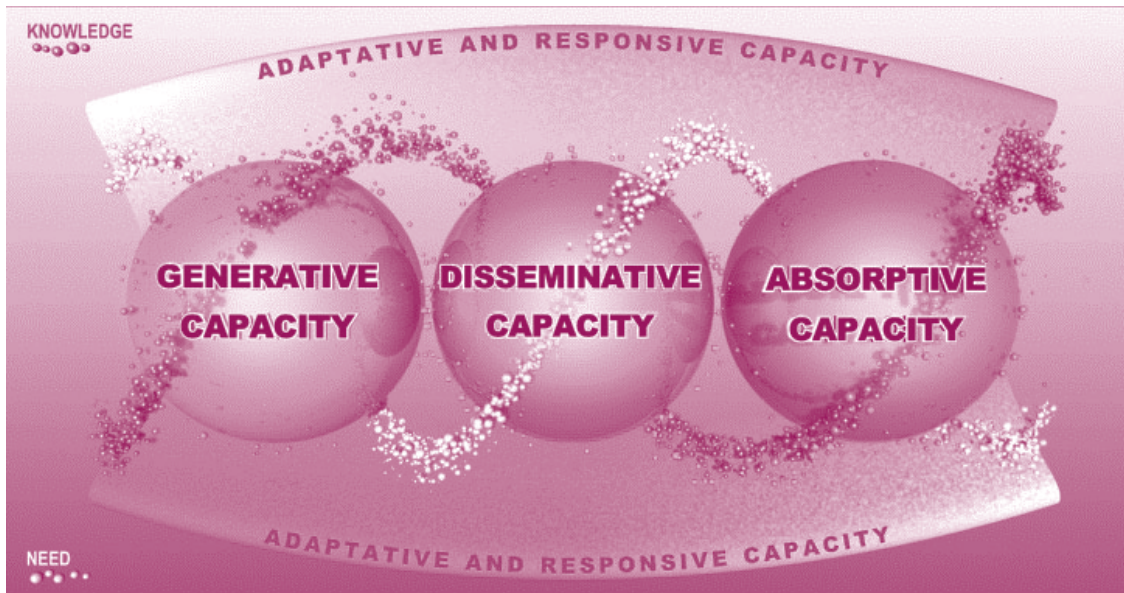


# Knowledge to Action cycle





# Bringing change to 8 Trusts & a University

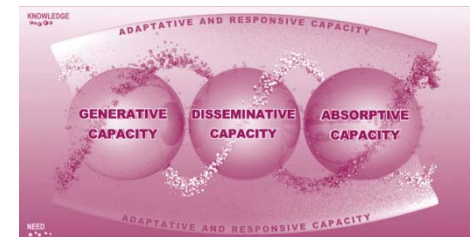


Efforts to improve the quality of care need to occur at, and be coordinated across, multiple levels such as the patient, clinician, team, organisation and policy (Clarkson et al, 2010)

- ‘The components required for social systems to generate, disseminate and use new knowledge to meet their needs’
- The dynamic knowledge transfer capacity model (Parent et al, 2007)

# DKTC model

- Generative capacity – ability to generate new or improved knowledge, and the processes & technologies that derive from it
- Disseminative capacity – adapt, diffuse knowledge through social and technological networks, and build commitment
- Absorptive capacity – ability to recognise value of new knowledge, assimilate and apply it to address relevant issues
- Adaptive – second order; the ability to reflect, and improve knowledge transfer



# What they have achieved

Applied research

Capacity development

Translation / implementation



# Translating applied research

- In the past 18 months:
  - Research publications
  - 10,000 people recruited to studies
- For example
  - Leicester diabetes online self-assessment risk score used by >150,000 people
  - *Walking away from diabetes* implemented by 8 primary care organisations in England
  - Rehabilitation in COPD via self-management, with paper or online supported systems (& now also cardiac rehab)
  - Detection and management of CKD in 5(+) primary care organisations

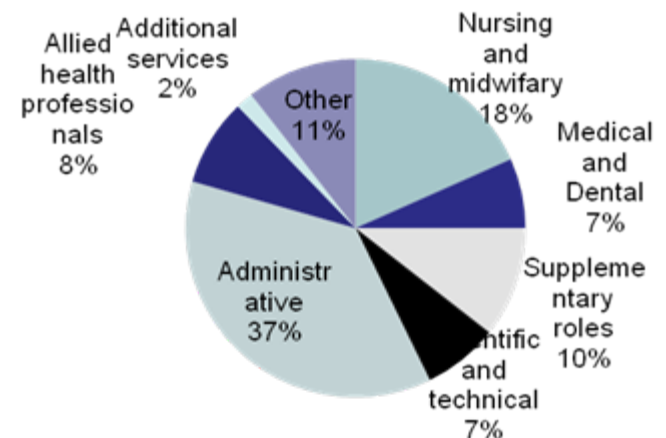


## CKD

- Clinical researcher and Commissioning Group find a shared priority (Nene Commissioning; 2008) (NICE clinical guideline CG73 [2008])
- Primary care service (with secondary care support) to detect & manage CKD
- Experimental design, 48 practices involved initial study
- Bespoke software to identify patients
- Researchers ‘get’ the translation message
- Collaboration with GM CLAHRC
- Interest + legwork brings other PCTs/CCGs on board
- Informing the national audit
- [http://www.youtube.com/watch?v=5\\_QGeh-T3Fw&list=PLE806F85FD3B094D2&index=6&feature=plpp\\_video](http://www.youtube.com/watch?v=5_QGeh-T3Fw&list=PLE806F85FD3B094D2&index=6&feature=plpp_video)

# Capacity development

- In the past 18 months:
  - 1,500 people participated in CLAHRC training
  - Additional external research income £5.4m
- Masters programmes
  - Diabetes
  - Applied research (with research translation option)
- PhDs
- Clinical trainees
- Online courses
  - Implementation
  - Evaluation



# Translation

- Facilitating the social process
  - Coordinators [7] (boundary spanners)
  - Fellows [5] (knowledge brokers)
  - Knowledge into practice (KIP) network (community of practice – online + meetings)
- Applied studies
- Implementation e.g. obesity, cancer genetics
- Trust priorities e.g. Emergency admission to hospital

# Example – emergency admissions

- Identified as a priority by the NHS
- Joint researcher / NHS team convened
- Literature review
- Analysis of admissions data with identification of primary care predictors
- Various interventions
  - Guidelines; Improving access & continuity; Live admissions data for practices, plus focused support
- Additional external research funding
- Dissemination beyond the locality
- Leicester City has among the highest reductions in emergency admission among 65+ (Kings Fund, 2012)

# Challenges.1. Researchers

- Initially driven by University metrics and culture
- Gradual process
  - Understanding
  - Firm support & leadership
- Things that have helped
  - External review
  - Internal evaluation
  - Persistence
  - Experiencing the impact





# Challenges. 2. The NHS

- NHS Trusts are very large, highly complex, organizations
- Driven by externally set metrics and monitoring
- Middle management
- NHS re-organization
  - Commissioning groups an opportunity



# Some lessons, after 46 months

**Researcher – provider partnership can make a difference**

**It takes time to establish**

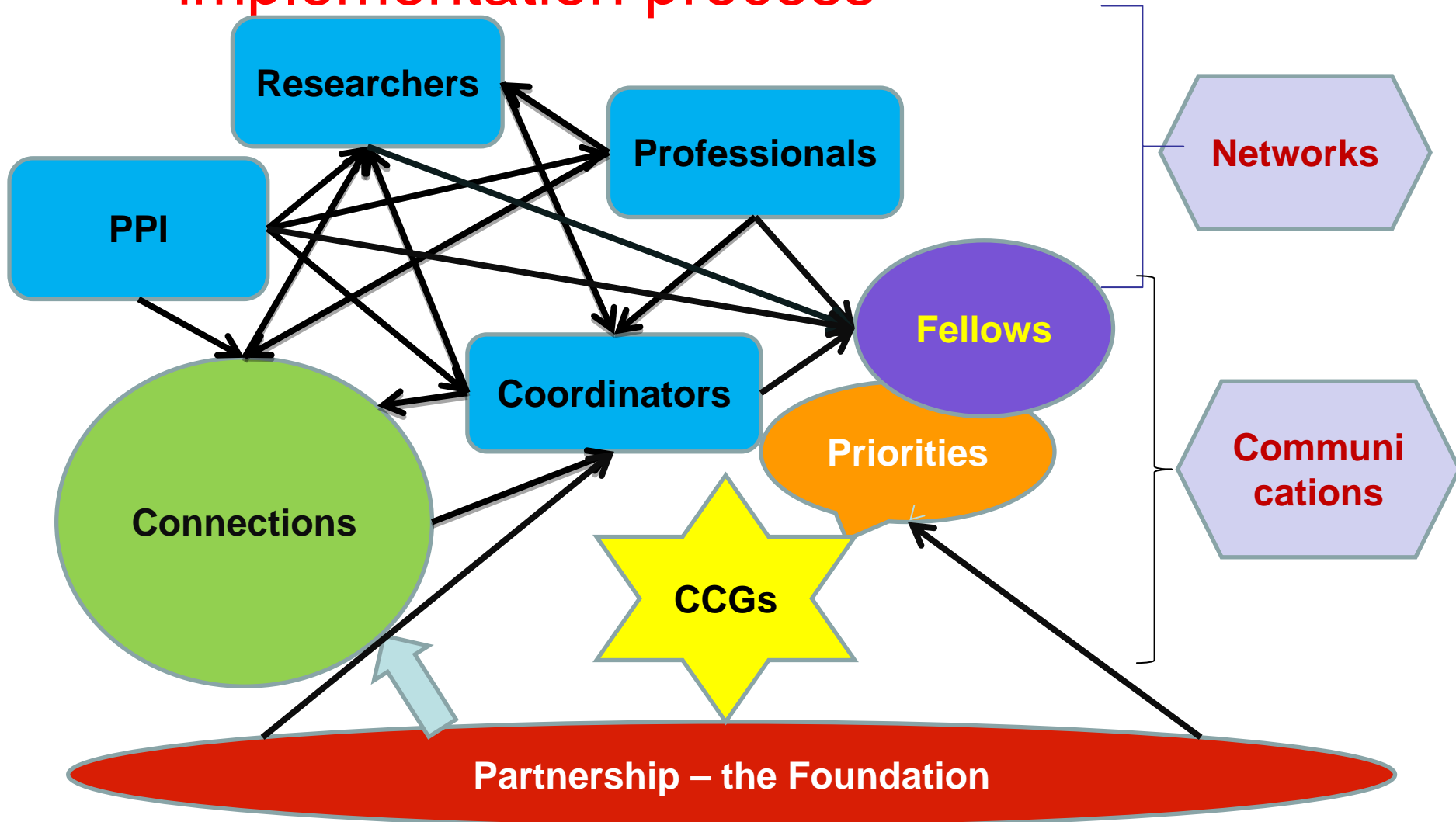
**And is likely to vary from place to place and from time to time**

**It's easier to move researchers than providers**

**Academic Health Science Networks**



# The social process behind the implementation process



## Partnership

<http://www.clahrc-lnr.nihr.ac.uk/>  
[rb14@le.ac.uk](mailto:rb14@le.ac.uk)

