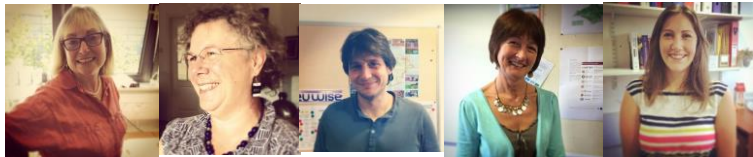




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A long and winding road: Can you predict successful knowledge mobilisation and implementation in advance? Learning from the development and roll out of a social network intervention designed to support long term condition management

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CLAHRC Wessex



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Knowledge Mobilisation Translation



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- collaboration researchers & decision-makers.
- solution to underuse of research in policy and practice settings.
- engages knowledge users—policymakers, practitioners, patients/consumers members of the wider public—in mutually beneficial research
- joint development of questions data collection, analysis dissemination of findings.
- Knowledge that is co-produced has a better chance of being implemented

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Social Policy Structural boost to
knowledge mobilisation and translation
activities



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- National Institute of Health Research
- Collaborations in Leadership for Applied Health Care and Research
- Specifics of one case

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Collaboration for
Leadership in Applied
Health and Care

Vision



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Improve the health of the people of Wessex and quality and cost-effectiveness of health care

- Step change in integration/pathways of care for people with long-term conditions
- Reduce hospital admissions/re-admissions – more appropriate health care utilisation

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CLAHRCs Found in Translation



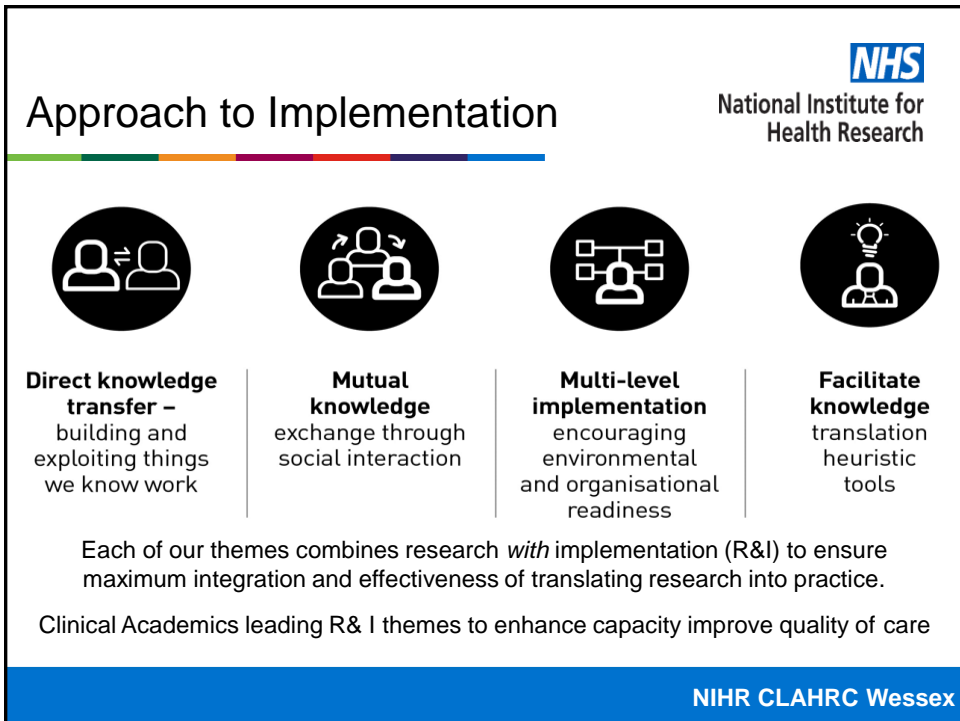
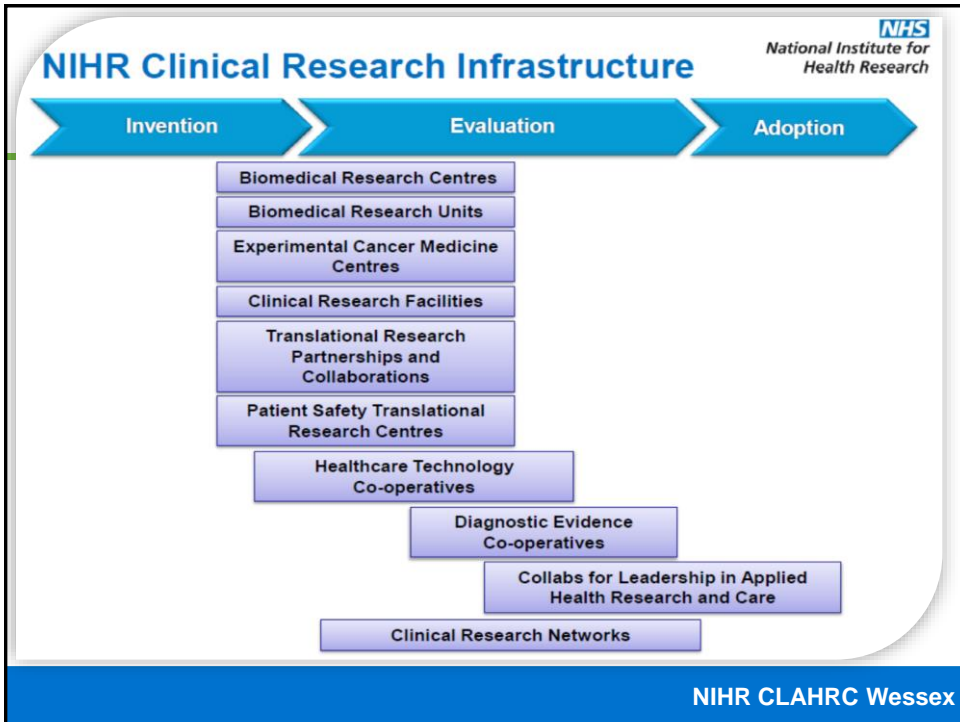
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- The second translational 'gap' 2006 Cooksey mending the disconnect between development and implementation of new interventions in practice. (adapting, building, redesign)

The *aims* of the NIHR CLAHRCs include:

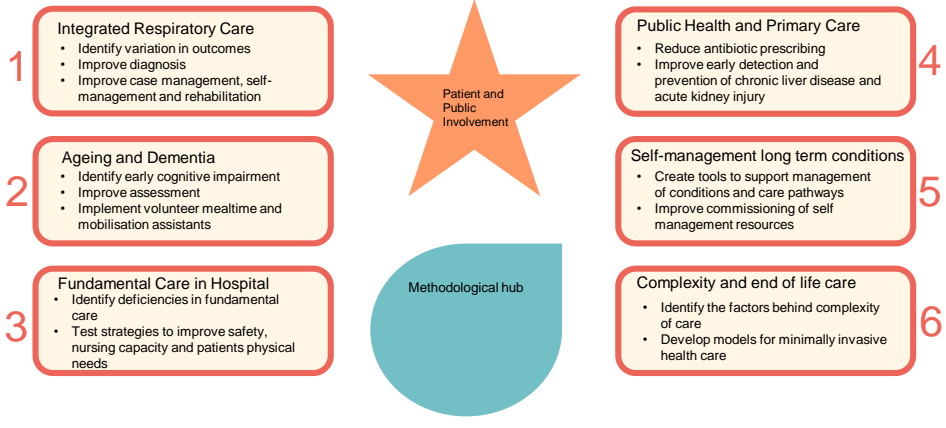
- Develop and conduct **applied health research** relevant across the NHS, and to **translate** research findings into improved outcomes for patients;
- Create a distributed model for the conduct and application of applied health research that **links those who conduct applied health research with all those who use it in practice across the health community;**
- **Improve patient outcomes locally and across the wider NHS.**
- The *role* of the NIHR CLAHRCs will be **to ensure that applied health research can be effectively taken up in practice** across the geographical regions represented.

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Established in January 2014 for a five year programme of work. We are a Wessex wide partnership of providers, commissioners, patients, the public, clinicians and researchers. We aim to put into practice what we learn from undertaking research. Our focus is on bringing benefits to people living in Wessex through better integration of pathways to care for people with long terms and to reduce hospital admissions through more appropriate use of health care



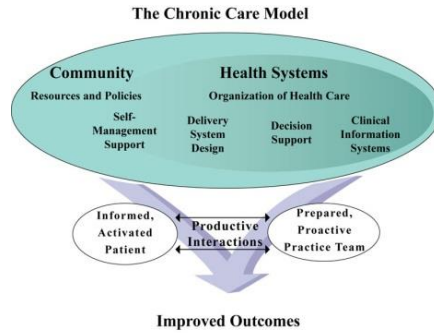
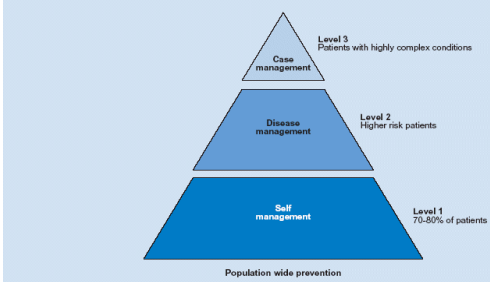

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Learning from the natural history of the development and roll out of a social network intervention designed to support long term condition management

The existing self-management, policy context and the research

- NHS Improvement Plan

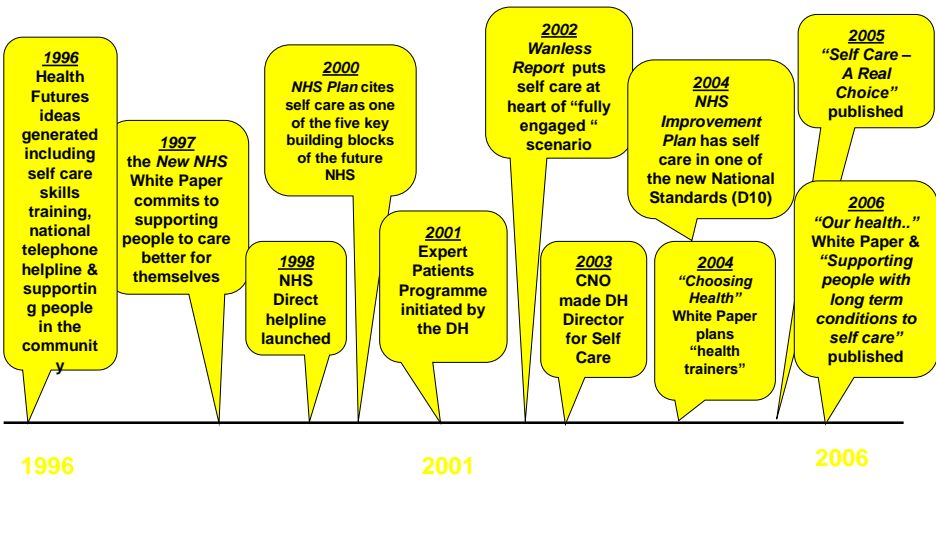
Figure 3.2: The right service for patients



Developed by The MacCall Institute
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Self Care Support Rapid Expansion over a decade



Summary of main policy Expert Patient
 Evaluation: Based on Chronic Disease Self
 Management Support Programme

Method	Results
RCT	EPP is effective and cost-effective for patients but with caveats- self efficacy nothing much else (individual)
Process	Implementation problems due mainly to poor fit with NHS and administrative burden for little public health gain. Reach is limited(system)
Personal experience	Improvements due to support and exchanges in group, behavioural and utilisation changes limited due to existing self-management strategies(networks)

One size doesn't fit all

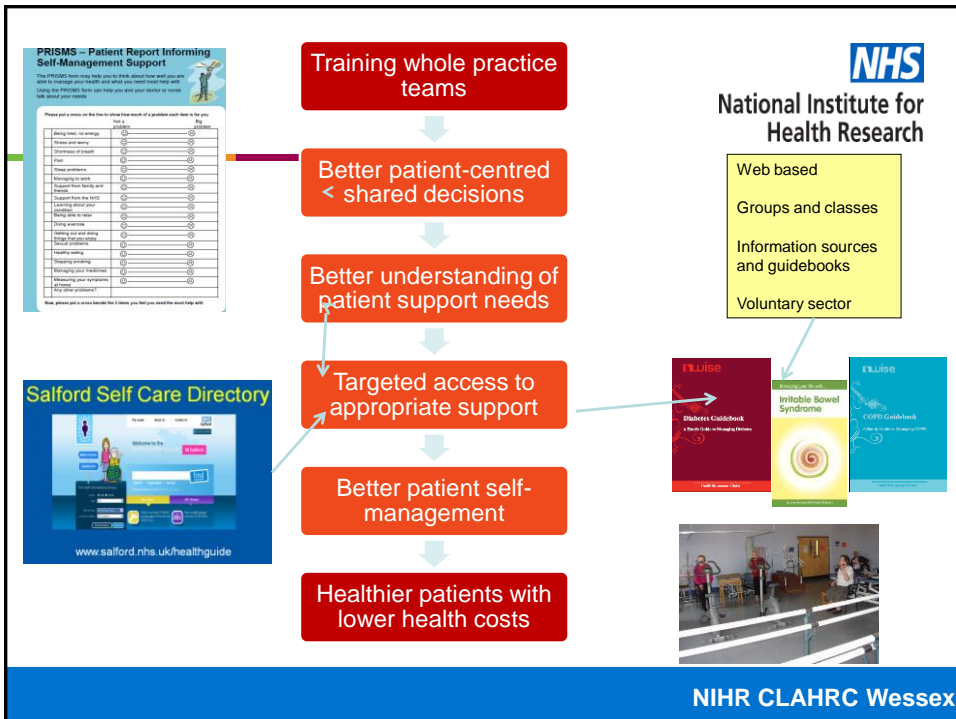
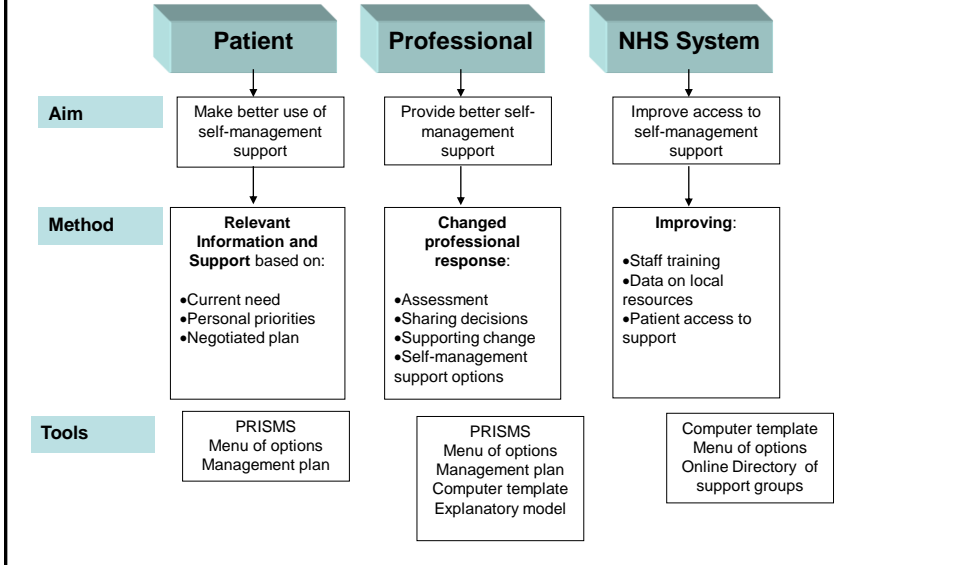
Snakes & Ladders of Relationship
 between policy makers, research
 commissioners and researchers

- Working with those closest to implementation of a novel programme as a process evaluation – didn't work : Temporality – trainers were trying to promote produce gain traction in a SMS free zone... we found the GPs wanted to bin it...
- “bury it moment”
- Positive able to learn from re-design and try a different innovation with buy in from those on the ground

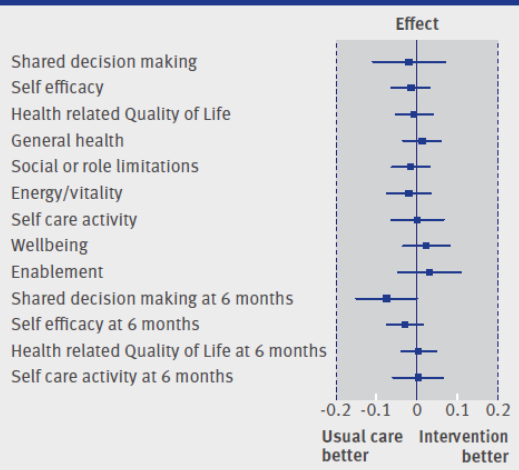
WISE Approach



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Forest plot of standardised effect sizes by outcome measures (vertical dotted bars show minimally important differences)



RCGP Research Paper of the Year Award

thebmj Research - Education - News & Views - Campaigns Archive

Research

Implementation of self management support for long term conditions in routine primary care settings: cluster randomised controlled trial

BMJ 2013 ; 346 doi: <http://dx.doi.org/10.1136/bmj.f2882> (Published 13 May 2013)
 Cite this as: *BMJ* 2013;346:f2882

Article Related content Metrics Responses

What worked and what did not?



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We set out to implement a practice-based training programme to enhance outcomes through enhanced self-management, which involved a number of steps:

1. Engaging a high proportion of practices with the programme - *achieved*
2. Delivering training to a high proportion of clinicians and other staff - *achieved*
3. Ensuring training was relevant and acceptable - *achieved*
4. Encouraging implementation of the training in routine practice – *partially achieved*
5. Enhancing shared decision making and self-management – *not achieved*
6. Improving outcomes – *not achieved*

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Continuing policy focus on individual to bring change self caring patient



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- Active: (engaged in shared decision making)
- Expert: (possesses knowledge and skills for self management)
- Resourceful (willing to minimise the load that they place on health care)
- Prudent: (willing to minimise the load they place on the health service)

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The newer agenda building on experience



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- Increasing the effective targeting and promotion of self-care support for long-term conditions requires **more of a focus on patient contexts and networks. Social networks are viewed as being centrally involved in the mobilisation and deployment of resources in the management of a chronic condition.** This forms the basis of a novel approach to understanding, designing, and implementing new forms of self-management support.
- The translation and implementation of a self-care agenda in contemporary health and social context needs to acknowledge and incorporate the resources and networks operating in patients' domestic and social environments and everyday lives. The latter compliments the focus on healthcare settings for developing and delivering self-care support by viewing communities and networks, as well as people suffering from long-term conditions, as a key means of support for managing long-term conditions. By focusing on patient work and social-network provision, our aim is to open up a second frontier in implementation research, to translate knowledge into better chronic illness management, and to shift the emphasis towards support that takes place outside formal health services.

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The surprising power of networks Knowledge from Public Health rather than the clinic....



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- Behaviour a collective phenomena in adopting health and unhealthy behaviour
- Nicolas Christakis John Fowler - weight gain in one person is associated with weight gain in others in networks.
- Smoking behavior spreads through close and distant social ties, groups of interconnected people stop smoking in concert
- CONTAGION The spread of ideas, attitudes, or behaviour patterns in a group through imitation and conformity.
- Apply to genesis of chronic illness but also *management* and public health interventions

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Network capacity for personal management



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- **Capabilities** (Sen) how humans function also having the capability - a practical choice, "to achieve outcomes that they value and have reason to value"
- **Wellbeing**, in a "capability space", in the freedom people have to do or be what they have reason to value (Sen, 1992).
- **Affiliation**: live with and toward others to recognize and show concern for other humans, to engage in various forms of social interaction (connectivity)
- **Relationships** represent sources of support, access to resources (as well as conflict and demand)
- **Relations and interdependency** between social actors can help situate wider contextual influence on illness management (e.g role of pets, neighbourhood)

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Systems of support



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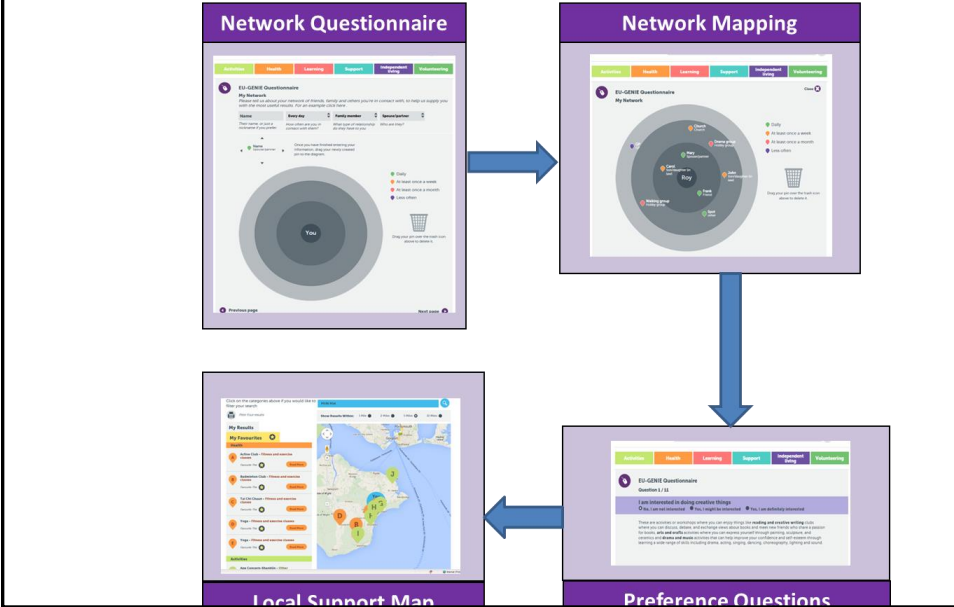
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Personal Communities & Outcomes

1. Social involvement with a wider variety of people and groups supports personal self-management physical & mental well-being.
2. Support work undertaken by personal networks expands in accordance with health needs, helping people to cope with their condition.
3. Network support substitutes for formal care and can produce substantial saving in traditional health service utilisation costs. Health service costs significantly ($p < 0.01$) reduced for patients receiving greater levels of illness work through their networks.

Reeves D, Blicke C, Vassilev I, Brooks H, Kennedy A, Richardson G, et al. (2014) The Contribution of Social Networks to the Health and Self-Management of Patients with Long-Term Conditions: A Longitudinal Study. *PLoS ONE* 9(6): e98340. doi:10.1371/journal.pone.0098340 <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0098340>

GENIE – An Online Social Network Intervention



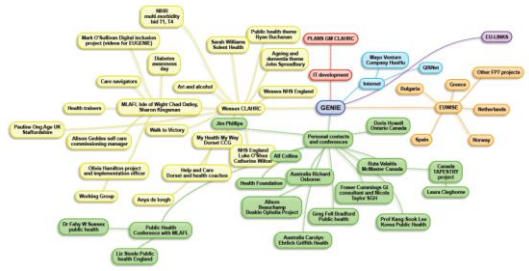
Less or more important

Time 1 GENIE

12 months later



Who is Using GENIE?



- Isle of Wight Integrated care services
- Housing Associations
- Across Europe as part of a study on social networks in self-management support
- In Dorset as an activity in regular community-based self-management support courses
- In Solent, in a study involving people with mental health problems
- In Southampton to transition people with COPD from pulmonary rehab and maintenance classes to community support
- In Canada, GENIE has been used with adults with multi-morbidity, the frail elderly and adults with diabetes and hypertension
- Plans for implementation in Southampton City Council integrated Care. GENIE is being modelled for all Wessex CCGs and health economic outcomes are being evaluated
- Promoted to 15 Vanguards by NHS England

What are the lessons?

- Social structural support for research together with KMI is crucial (thank you NIHR)
- Always try to place one project one effort in broader context of policy and practice, over time
- failure might not be failure – part of journey – look for improvements in translation at the margins
- There is always a tension and gap between ideal type policy rhetoric and practice on the ground
- Identify it, learn from it and look at what that implies for your project
- No theory – however interesting can be more than a set of sensitising concepts – the messiness and chaos of what happens in practice and **serendipity** of what is taken up in practice can't be accounted for
- Relational work needs to be at the centre stage of KM
- The knowledge you identify as crucial might require a total change of mind set to get research into practice – pets for patients not professionals!!



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